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Commissioners and committees of enquiry?

THE MEDICAL SERVICES INSURANCE ENQUIRY

PROCEEDINGS OF THE PUBLIC
HEARINGS HELD AT THE
COUNCIL CHAMBERS, CITY HALL,
WINDSOR, ONTARIO, AT 10.00
A.M. ON WEDNESDAY, DECEMBER
4th, 1963.

Top

VOLUME

2

DATE

DECEMBER 4, 1963.



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TORONTO, ONTARIO

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INDEX OF SUBMISSIONS
TO THE PROVINCE OF ONTARIO

MEDICAL SERVICES INSURANCE ENQUIRY

THE RAILROAD HOSPITAL ASSOCIATION

Proceedings of the Public Hearings held at the Council Chambers, City Hall, Windsor, Ontario, at 10:00 a.m. on Wednesday, December 4, 1940.

CHARLES T. PETERSON, D.D.S., President

Abbessee: Dr. GRIFFITH T. Ferguson

MEMBERS OF ENQUIRY:

THE SOUTHWESTERN ONTARIO PODIATRIC SOCIETY

DR. J. GERALD HAGUE - President

Abbessee: R.J. Toogood, D.S.C.

Mrs. A.J. HAGUE

G.L. Griffiths

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Mr. A. ROY COULTER

WINDSOR MEDICAL SERVICES INCORPORATED

Dr. JOHN HAMILTON

Abbessee: DR. B. DUGCHER

DR. E.A. ROEMMLE

DR. J.R. BISSET

MR. W.A. STIBBE

MISS EILEEN McARTHUR

MR. P.J. MULROONEY

MR. CARMAN A. NAYLOR

MR. HARRY SIMON

MR. T.L. WHITNEY

MR. L.E. TURNER

-- Secretary



**VERBATIM REPORTING
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INDEX OF SUBMISSIONS

Page No.

THE RAILROAD HOSPITAL ASSOCIATION

Appearances: O.A. Derrough
L.R. Hoag

56

CHARLES T. PETERSON, D.D.S.

Appearance: Dr. Charles T. Peterson

83

THE SOUTHWESTERN ONTARIO PODIATRIC SOCIETY

Appearances: R.J. Tolbert, D.S.C.
G.J. Courey

87

THE KENT COUNTY MEDICAL SOCIETY

Appearances: Dr. A.C. Henderson
Dr. L.J. Shepley
Dr. J.S. Packham

107

WINDSOR MEDICAL SERVICES INCORPORATED

Appearances: Dr. E. Durocher
Dr. E.A. Roemmele
Dr. J.R. Barber
Mr. W.V. Walpole

137



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

56

dpw 1 On commencing at 1 PROVINCE OF ONTARIO

2 MEDICAL SERVICES INSURANCE ENQUIRY

3 SUBMISSION OF THE RAILROAD HOSPITAL ASSOCIATION

4 Ap Proceedings of the Public
5 Hearings held at the
6 Council Chambers, City Hall,
7 THE Windsor, Ontario, at 10:00 a.m. on Wednesday, December
8 4th, 1963. Enquiry have received and
9 studied the brief you submitted. In accordance with the
10 MEMBERS OF ENQUIRY:

11 Dr. J. GERALD HAGEY -- Chairman
12 it will not be necessary for you to read your brief, but you
13 Mrs. J.A. AYLEN
14 do have an opportunity to emphasize or enlarge upon its
15 Dr. WILLIAM BUTT
conclusions or recommendations.

16 Miss HELEN CARPENTER
17 Members of the Enquiry may ask you questions on
18 Mr. DALTON J. CASWELL
the statements or recommendations submitted in your brief, but
19 Mr. A. ROY COULTER
you are not to be subjected to examination or cross-examination.
20 Dr. R.J. GALLOWAY
by other persons.

21 Dr. JOHN HAMILTON
It is not our intention to debate your suggestions or recommendations, nor to state the views of this
22 Mr. W.S. MAJOR
Enquiry on them. Consequently, any opinions expressed in
23 Mr. P.J. MULROONEY
questions asked or statements made by members of the Enquiry
24 Mr. CARMAN A. NAYLOR
are intended for clarification only.

25 Mr. HARRY SIMON
As stated in the instructions, one person is to
26 Mr. J.L. WHITNEY
act as your spokesman. However, if the spokesman feels that
27 Mr. L.E. TURNER -- Secretary
another member is better qualified to answer a specific
question from a member of the Enquiry, the spokesman may
28 ----



PROVINCE OF ONTARIO

MEDICAL SERVICES INSURANCE INDUSTRY

Page No.

THE MEDICAL SERVICES ASSOCIATION OF THE

Proceedings of the Annual Meeting
Held at Guelph, Giffy Hall,
Guelph, Ontario, at 10:00
A.M. on Wednesday December
4th, 1933.

Dr. Charles H. Patterson

MEMBERS OF INDUSTRY:

THE SURGEONS OF ONTARIO, PRACTICING DOCTORS

Dr. J. GERALD HAGEN -- President

Dr. R. D. B. C. McLELLAN -- Vice-President

Mr. T. A. AVIEN

Dr. WILLIAM BURT

Miss HELEN CARPENTER

Mr. DALETON J. CASMELT

Mr. A. ROY COULTER

Dr. R. J. GALTOMAY

Dr. JOHN HAMILTON

Mr. W. S. MAJOR

Miss HELEN MARTIN

Mr. P. J. MULROONEY

Mr. GARNER A. MAYO

Mr. HARRY SIMON

Mr. J. F. WHITNEY

Mr. L. H. TURNER -- Secretary



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56

G/dpw

1 --- On commencing at 10:00 a.m. to request the other member to
2 answer.

3 SUBMISSION OF THE RAILROAD HOSPITAL ASSOCIATION, and

4 then proceed. Appearances: O.A. Derrough
L.R. Hoag

5 The members of the press have requested a copy
of your brief, and if you have copies with you, perhaps you'll

6 THE CHAIRMAN: Good morning, gentlemen.

7 Members of the Enquiry have received and
will hand them to the members of the press at the conclusion
8 studied the brief you submitted. In accordance with the
of your submission.

9 guide for participation in hearings that was mailed to you,

10 MR. HOAG: I understand that we are not
it will not be necessary for you to read your brief, but you
supposed to read this brief, because it has already been
11 do have an opportunity to emphasize or enlarge upon its
presented; is that right, sir?

conclusions or recommendations.

12 THE CHAIRMAN: That's right, yes.

13 Members of the Enquiry may ask you questions on
14 MR. HOAG: I think I might say this, that
the statements or recommendations submitted in your brief, but
15 perhaps our position might be just a little different than
you are not to be subjected to examination or cross-examination
16 some other open insurers, and that has been brought to my
by other persons.

17 mind here this morning, I believe, by Mr. Whitney, that we

18 It is not our intention to debate your sugges-
tions or recommendations, nor to state the views of this
19 is that our coverage is open for railroad employees only, and
Enquiry on them. Consequently, any opinions expressed in
20 I have brought that up in my brief -- would it be necessary
questions asked or statements made by members of the Enquiry
for us to accept anyone who wants to get into our Association?
are intended for clarification only.

21 With that in mind, we are not here so much to offer any advice.

22 As stated in the instructions, one person is to
We do feel this, that there are a number of advantages by way
act as your spokesman. However, if the spokesman feels that
of standardization or contracts, and so forth, by having an
another member is better qualified to answer a specific
Committee of this nature, and also a set-up, and we're very
question from a member of the Enquiry, the spokesman may
pleased to see that the Ontario Government is allowing the



--- On commencing at 10:00 a.m.

SUBMISSION OF THE HILL ROAD HOSPITAL ASSOCIATION

Abberline: O.A. Detourby
F.R. Hoag

THE CHAIRMAN: Good morning, Gentlemen.

Members of the Hendryia have received my

statement of the project you submitted. In accordance with the
usage for presentation in meetings first was mailed to you,
it will not be necessary for you to read your project, but you
do have an opportunity to emphasize or enlarge upon its
conclusions or recommendations.

Members of the Hendryia may ask you questions on
the statements or recommendations submitted to you project, but
you are not to be subjected to examination or cross-examination
by other persons.

If it does not interfere with your schedule-

As a safety in the examinations to describe your findings
as far as you are able. However, if the questioner feels that
sophistry member is better qualified to answer a specific
question from a member of the Hendryia, the questioner may
put as many questions as he wishes. However, if the questioner feels that
the questioner for classification only.

As a safety in the examinations, one person is to
be present at all times. However, if the questioner feels that
the questioner member is better qualified to answer a specific
question from a member of the Hendryia, the questioner may
put as many questions as he wishes. However, if the questioner feels that
the questioner for classification only.



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57

1 receive the Chair's permission to request the other member to
2 answer. a better way of handling it than for the Government to
3 take over entirely. Will you please identify your spokesman, and
4 then proceed. Of course, we have a little selfish interest
5 there, too, because The members of the press have requested a copy
6 of your brief, and if you have copies with you, perhaps you fit,
7 will hand them to the members of the press at the conclusion
8 of your submission, if we can. If the O.H.S.C. took over, I
9 we're out.

MR. HOAG: I understand that we are not
supposed to read this brief, because it has already been
presented; is that right, sir? in, but we try to continue with
as many of our

THE CHAIRMAN: That's right, yes.

MR. HOAG: I think I might say this, that
perhaps our position might be just a little different than
some other open insurers, and that has been brought to my
mind here this morning, I believe, by Mr. Whitney, that we
are a closed organization, and I think what he means by that
is that our coverage is open for railroad employees only, and
I have brought that up in my brief -- would it be necessary
for us to accept anyone who wants to get into our Association?
With that in mind, we are not here so much to offer any advice.
We do feel this, that there are a number of advantages by way
of standardization of contracts, and so forth, by having a
Committee of this nature, and also a set-up, and we're very
pleased to see that the Ontario Government is allowing the

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22

receive the Order, a telegram to inform the other member of
swarm.

Will you please inquire about blackmail, and

then proceed.

The members of the press have released a copy

of your brief, and if you have copies with you, perhaps you
will send them to the members of the press at the conclusion
of your summons.

MR. HOGG: I understand that we are not

bound to read this brief, because it was Thursday been
presented to us yesterday, etc.

THE CHAIRMAN: That's all right, yes.

MR. HOGG: I think I might say this, just

because our position might be just a little different from
some other open instances, and that this need prolonging so we
will have time this morning, I believe, by Mr. McPherson, just to

have a closed discussion, and I think that be means by just
is just out coverage is open for listed employees out, and
I have prolonged that up to my brief -- Monday if necessary

for us to see some who wants to get into our Association
with just in mind, we are not here to run off such a side
We do feel this, just prior to the number of advantages of a

committee of this nature, and also a self-help, and we're very
desirous of seeing the Ontario government to follow the
recommendation of the committee, and also a self-help



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

58

1 insurers to carry on under their jurisdiction. We think that
2 that's a better way of handling it than for the Government to
3 take over entirely.

4 Of course, we have a little selfish interest
5 there, too, because if the Government takes over entirely
6 then we're out, and we're not in the business to make a profit,
7 we are in for the benefit of our members, and our members
8 want us to continue, if we can. If the O.H.S.C. took over,
9 we're out.

10 We cover private and supplementary, which, of
11 course, you aren't interested in, but we try to continue with
12 as many of our benefits as we can.

13 I read in last night's paper where the Windsor
14 Medical is to present a brief this morning, and mention was
15 made that they have been pioneering for 25 years. Well, we're
16 over 70 years old, and as far as we know we are the oldest
17 organization in the field.

18 That doesn't mean that we know more about the
19 business. We know what we're doing ourselves, and we haven't
20 been interested in what the other people are doing, but now we
21 have to be interested in it, whether we want to or not.

22 We've told you in our brief pretty well what
23 our position is, and we're here to find out more how we can
24 fit into the picture, and if we have to be open to anybody who
25 wants to get into our Association, or whether we can still keep

At Congress, we have a little better representation

me lie out.



VERBATIM REPORTING
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TORONTO, ONTARIO

59

1 it as confined to railway employees.

2 That's about all that I have to say about it,
3 and, of course, we'll be interested in entering into any
4 discussion that might come up, sir.

5 THE CHAIRMAN: Thank you, Mr. Hoag. Some of
6 our members have indicated that they would like to ask you
7 questions.

8 However, I would like to make a statement rela-
9 tive to one statement that you made there, and that is that
10 the members of the Enquiry at this time aren't in a position
11 to tell you how you can fit into it, or how you can't, or
12 what our ideas are as to how you will fit into it. These are
13 things that we will be considering previous to making up our
14 report.

15 MR. HOAG: I had a separate recommendation that
16 wasn't included in the brief, and I forgot to say anything
17 about it. I think that after this organization gets set up,
18 and gets going in practice, that it would be a good idea to
19 assign certain agents, or somebody from the Board, to go
20 around and interview personally each one of the organizations,
21 and see that their set-up conforms, because we had some diffi-
22 culty with the O.H.S.C. I mean, we didn't get any personal
23 assistance in the thing. We had to sort of work it out our-
24 selves, and I think it would be to the advantage of everybody
25 if somebody would come down to us and say, "We would like to



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

60

1 look over your system and your records, and see what you are
2 doing," and say, "You can do this and you can't do this and
3 so forth, and you will have to make certain changes." I think
4 that would be very important.

5 Are those the kind of recommendations you are
6 after, sir?

7 THE CHAIRMAN: Any recommendations you like to
8 make would be quite in order.

9 MR. MAJOR: Good morning, Mr. Hoag. I was very
10 interested in your brief, particularly because it includes
11 only railroad men, and I gather this would include any railroad
12 employee, whether it is the running trades, the non-running
13 trades, or the shopmen, and so on?

14 MR. HOAG: Well, it does, to a certain extent.
15 Actually, our Constitution allows us to take anyone along the
16 line or right-of-way of the New York Central Railroad, or any
17 other railroad that has running powers over the New York
18 Central Railroad in Canada; that is the Canadian division
19 between Detroit and Buffalo, or any railroad employee who
20 resides in an area where it is considered to be within our
21 jurisdiction.

22 MR. MAJOR: Does this include C.P.R. and C.N.R.
23 employees?

24 MR. HOAG: It would, yes, providing that they
25 are residing, or working, in our area. One wouldn't want to

"You can do pretty well for yourself if you say nothing," said Mr. Hogg. "You can do pretty well for yourself if you say nothing," I replied, "and you will have to make certain concessions." I think it would be very important for me to tell you what kind of recommendations you are

likely to find in our recommendations from time to

THE CHALMERS: And recommendations from time to

make would be due in order.

MR. MAJOR: Good morning, Mr. Hogg. I was told

you were here in your private, confidential possession of information

out of circulation men, and I expect this would include such listed

employment. Whether it is the managing director, the non-managing

partner, or the specimen, and so on

MR. HOGG: Well, if goes to a certain expense

Acoustics, our organization shows us to take another stage of the

line of high-class of the New York Central Railroad, or the

other railroads that has authority to own the New York

Central Railroad in Canada; that is the Canadian National

Government Railways in Canada; that is the Canadian National

Railways in the same manner if it is considered that

management.

MR. MAJOR: Does this include C.P.R. and G.N.R.

MR. HOGG: It would, as providing for people

are leaving, or working, in our cities. One would be more



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

61

1 look after anybody in Saskatchewan, or British Columbia.

2 MR. MAJOR: You stated, sir, that your organiza-
3 tion had its beginning possibly 70-odd years ago. Did it have
4 its beginning here in Canada, or is this a New York Central
5 proposal from the States?

6 MR. HOAG: It had its beginning right here in
7 Canada, and how this happened is rather interesting. This
8 is history. I know you will be interested in it, but the
9 railroad men, especially the train men, used to get together
10 and find somebody would be sick, and they would take up a
11 collection and give them some assistance, and somebody came up
12 with an idea that if they would pay so much a month, then they
13 would have a fund that would take care of people who needed
14 assistance through illness, and that was really the starting
15 of the organization.

16 MR. MAJOR: Very interesting. On page 2 of your
17 brief, paragraph 4, you put forth here a basic principle of
18 anti-selection in insurance, and it is well put, and I was
19 wondering does your plan, when you take on a new subscriber,
20 have any particular waiting periods, or deterrents, for
immediate coverage?

22 Or, when you take this subscriber on, are they
23 covered for whatever your coverage includes?

24 MR. HOAG: No. We cover them right from the
start, but that doesn't apply to the family assistance. The

look after supply in San Francisco, or British Columbia.

MR. MATOR:

You asked, Sir, that you do business from us in the beginning 20-odd years ago. Did it pass

the beginning here in Canada, or is this a New York General

proposal from the States?

MR. HOAG: If you do business in the United States to

Canada, and you think it is good to represent. That's

the history. I know you will be interested in it, but the

United States men, especially the first men, used to be very

and find somebody would be sick, and they would take up a

collection and give them some satisfaction, and somebody come up

with an idea that if they would go to town, a woman

would have a fund that people who were

satisfactory propose filling, and that was usually the starting

of the organization.

MR. MATOR: Very interesting. On page 5 of your

private ledger No. 4, you put down that a person belonging to

supplementary to insurance, and it is well put, and I was

wondering does your firm, when you take on a new subscriber,

have you a basinist writing before, or a telephone, for

timely notice coverage?

Or, when you take this application on, are you

covered for whatever your coverage includes?

MR. HOAG: No. We cover from right from the

start, but this does not apply to the family insurance. The



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

62

1 family assistance has to wait two months before the benefits,
2 but the members themselves, as soon as we take them and they
3 are accepted, they are covered. We start from the 1st of any
4 month.

5 MR. MAJOR: Have you got a particular waiting
6 period, say, for confinements?

7 MR. HOAG: Yes. We do. We have a ten-month
8 waiting period.

9 MR. MAJOR: From the time that the family is
10 accepted?

11 MR. HOAG: That is right.

12 MR. MAJOR: But no other waiting periods for
13 the employees themselves?

14 MR. HOAG: Well, we have a waiting period for
15 hernias of ten months, and also a ten-month waiting period for
16 ailments of the female genitary system, and tonsils and adenoids.

17 MR. MAJOR: Are female employees eligible to
18 join?

19 MR. HOAG: They are, but it's a little different
20 set-up than the male members. We carry them under what we
21 call the family group plan. Actually, the two things are sort
22 of separated, because we have looked after the men for years
23 and years before we took the females in, and there seems to be
24 quite an objection amongst the male employees to take females
25 in. However, that's one of the things that competition brings

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1970

and the members themselves, as soon as we take them and they
are accepted, they are covered. We start from the top to the

bottom.

MR. MATHUR: Have you got a list of institutions visiting

before us for confirmation?

MR. HOAG: Yes, we do. We have a few more

mentioning before

MR. MATHUR: How far can the family go

in the country?

MR. HOAG: That's at right.

MR. MATHUR: But no other marriage besides for

the employee himself?

MR. HOAG: Well, we have a marriage between

parents of one couple and also a first-marriage between

MR. MATHUR: Are female employees entitled to

vacation

as far as from the wife member. We usually grant under what we

call the family group benefit. Additionally, if the two children

of opposite sex, because we have looked after the men for about

and least before we took the pension, and there seems to be

little as objection stronger than the wife employee to take

Mr. However, that's one of the things that come up in



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

63

1 to the fore, because we found out that when other insurers are
2 giving that protection, well, we just have to give it, because
3 eventually the members want it, and, of course, the members
4 have the say as to what they want.

2 THE CHAIRMAN: Mr. Hoag, do you have the condi-
5 tions for insurance for your Association in printed form?

7 MR. HOAG: Yes, we do.

8 THE CHAIRMAN: Possibly if you could leave that
9 with the Secretary that would take care of questions such as
10 this.

11 MR. HOAG: Yes. This is a supplement to our
12 Constitution, and it takes care of all the conditions.

13 THE CHAIRMAN: Mr. Simon, do you have some ques-
14 tions?

15 MR. SIMON: On the line of Mr. Major's question
16 on your recommendation 4 on the last page of your brief: you
17 suggest that it wouldn't be fair for a person to wait until he
18 is sick, and then apply for insurance, and so on and so forth.

19 Now, what is your position with regards to people
20 that drop out of your trade, or your industry, or retire? Do
21 you still maintain him on your list?

22 MR. HOAG: Yes, we do, and we found out that we
23 had to, because -- at one time we didn't, but the New York
24 Central in this last few years have reduced their staff to a
25 considerable extent. They are only operating, I would say, not

to the vote, because we found out that when other members are giving their protection, we have to give it, because whenever the members want it, and, of course, the members have the right as to what they want.

THE CHAIRMAN: Mr. Hach, do you have any objection?

MR. HACH: Yes, we do.

THE CHAIRMAN: Possibly if you could leave this

with the secretary until such time as we can get a copy of the application.

Print a

MR. HACH: This is a supplement of our

application, and if you care to file the application,

Mr. Simon: Mr. Chairman, do you have some draft

copies?

MR. SIMON: On the file of Mr. Murch's decision

on your recommendation, I am the last person to say that you have done anything but a better job of writing it than I did. If you will furnish me with a copy of my application, and any other information, and any other documents, and any other papers, I will be glad to

get them out to you at once.

Mr. Simon: Your application will be ready

as soon as you have the information you want.

MR. HACH: Well, I think we can do -- as soon as we get so

many other applications, but this is the first one I would say I would like to have.

MR. SIMON: I would say I would like to have this one as soon as possible.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

64

1 more than half of the employees that they used to, and some of
2 those members had belonged for years and years, and it didn't
3 seem fair after all those years, when maybe they couldn't get
4 anything to take its place, that they should be required to
5 drop out. So we have been allowing them to continue as long
6 as they can keep their payments up, but, of course, if they
7 drop we can't take them back, because they aren't railroad
8 employees at the time, unless they come back to work again.

9 MISS CARPENTER: We were wondering when you
10 examined Bill 163 did you feel that on the basis of this Bill
11 you could continue to operate medicare insurance, or did you
12 feel you would have to go out of business if Bill 163 were
13 passed?

14 MR. HOAG: Well, it was our hope that we could
15 continue in business, and, of course, in looking over the Bill
16 there were certain portions of it, for instance, such as I
17 brought out in this brief, that might require us to take any-
18 one who wanted to come in, and that's the point that we wanted
19 to sort of get some definite information whether in our case
20 we were maybe a little different than anybody else. I suppose
21 everybody feels the same way: "Well, my case is a little
22 different," and, of course, we're taking that attitude, that
23 maybe it is, and at our meeting with the Board of Directors
24 it was definitely stated by our Directors that we wanted to
25 stay in business, and we're willing to comply with regulations,

...and I think it's important to remember that we're talking about a very large number of people.

...and if you're not careful, you can end up getting involved in something that you don't really understand or care about. So we have to be careful not to let our emotions get the best of us. As they say, "If you're involved in something, it's hard to keep your perspective straight." And that's why it's important to take time to think things through before we act. It's also important to remember that we're not alone; there are other people who care about what's happening in our community. They may not always agree with us, but they're there to support us and help us make good decisions. That's why it's important to listen to different perspectives and try to understand them. It's not always easy, but it's worth it.

...and I think it's important to remember that we're talking about a very large number of people. We have to be careful not to let our emotions get the best of us. As they say, "If you're involved in something, it's hard to keep your perspective straight." And that's why it's important to take time to think things through before we act. It's also important to remember that we're not alone; there are other people who care about what's happening in our community. They may not always agree with us, but they're there to support us and help us make good decisions. That's why it's important to listen to different perspectives and try to understand them. It's not always easy, but it's worth it.

MR. HOGG: Well, if we do our job well,

...and I think it's important to remember that we're talking about a very large number of people. We have to be careful not to let our emotions get the best of us. As they say, "If you're involved in something, it's hard to keep your perspective straight." And that's why it's important to take time to think things through before we act. It's also important to remember that we're not alone; there are other people who care about what's happening in our community. They may not always agree with us, but they're there to support us and help us make good decisions. That's why it's important to listen to different perspectives and try to understand them. It's not always easy, but it's worth it.

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VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

65

1 just whatever we have to do, why, we'll go along with it.

2 MISS CARPENTER: This was the main point you
3 found difficult to accept, the number of persons you would
4 have to insure?

5 MR. HOAG: Well, for instance, if we had to
6 take an outsider who had nothing to do with the railroad at
7 all, well, that would put us in a lot different position than
8 we're in at the present time.

9 MR. MULROONEY: Could you tell us, Mr. Hoag,
10 whether your Association is incorporated, legally?

11 MR. HOAG: Well, now that goes back so far that
12 I would almost have to look into the back records, really.

13 No, we never have been licensed by the Insurance
14 Department, and I don't know why, but we never have been. We
15 have never been asked to be licensed, and I suppose the reason
16 for that is because -- we've had dealings with the Insurance
17 Department. They know we exist, and all that, but we've never
18 been required to be licensed, and they've never had any juris-
19 diction over our benefits or premiums, and I suppose that it's
20 been the thought, "Well, this is a railroad outfit, and they're
21 running their own affairs," and I would say now under this new
22 set-up that we're out of that jurisdiction, and we're definitely
23 under control of the new government-sponsored plan.

24 MR. MULROONEY: It appears that you're operating
25 pretty much as a friendly society.

... :Я-ПИСАЧАСИЛІСІНІҢ АДАМЫ

FEDERAL BUREAU OF INVESTIGATION

We're in at the present time.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

66

1 MR. COULTER: If a person leaves the district
2 and has been a contributor of yours for a number of years, can
3 he still stay covered in your group?

4 MR. HOAG: Yes, that's right. We have allowed
5 them to continue as long as they were members, but we felt
6 actually that we would be getting into trouble with the
7 Insurance Department if we took in persons who weren't
8 connected with the railroad service at all, but we thought
9 that it was only right that once they became members they
10 should be allowed to continue, because a lot of those men
11 didn't leave the service because they wanted to, but because
12 of a reduction in staff, and so forth.

13 MR. WHITNEY: There's no drop-out age at all,
14 then? If they retire at 60 and they live to be 80 and pay
15 their premiums, they would still stay in the plan?

16 MR. HOAG: We have 150 widows that were left,
17 and they come in and keep up their premiums, and they're the
18 best payers we have. They always keep their premiums up.

19 MR. CASWELL: Do they pay the same premium, or
20 is there an increase when they leave the railway?

21 MR. HOAG: No, we always charge the same, and
22 at one time we felt that the younger employees coming in
23 would help to keep the older ones, but now we're all in the
24 older age group, but we still have a pretty good set-up, and
25 the members are quite satisfied with it, and we do want to

MR. COUTURE: If a person leaves the discharge

they have been a participant of hours for a number of years, can

the effit area covered in your rounds?

MR. HOAG: Yes, that's right. We have six

towns to continue as long as they were members, but we left

soonesth past we mostly be getting into trouble with the

Insurance Department if we look to become who we are,

connected with the various services of it, but we stopped

up if we only right past one year because members tried

again to become a job to those who

quit, if leave the service because discharged for, not because

of a reduction in staff, and so forth.

MR. WHITNEY: There's no drop-out as of yet.

It's 80 as of 80 and probably five to six

years now and still stay in the business

MR. HOAG: We have 120 members more than

we did last year and keep up their benefits and family in the

same benefit plan, they always keep their benefits up.

MR. CADMUS: Do you have the same benefit plan

as I expect as increase when you leave the industry?

MR. HOAG: No, we always eligible the same, and

at one time we left right the number employee coverage to

most likely to keep the other one, but now we're still in the

other side round, but we still have a decent good set-up and

the member site during which time go home to



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

67

1 continue with it if we can.

2 MR. WHITNEY: Do you work on an annually
3 balancing budget, an annual assessment basis to balance your
4 budget, or do you maintain somewhat of a reserve?

5 MR. HOAG: Well, we have a reserve. Our
6 reserve -- as I said, we operate actually the family group as
7 a separate unit to the members' group, and we do that because
8 some members don't have their families covered, and they
9 thought at the time when the women and children come into this
10 they're going to put us on the rocks, so we insist that they
11 pay their own way, so, on paper, we have operated them as two
12 units; the family unit and the members' unit.

13 MR. WHITNEY: What I'm leading up to is this,
14 something that you have touched on, and that is that the Bill
15 as it now stands calls for licensing of all carriers who would
16 be involved in issuing standard contracts. I suppose under
17 licensing there may be certain minimum requirements by the
18 Superintendent of Insurance. There may be certain information
19 required, basic information, and proof of observance of stan-
20 dard contract requirements.

21 Does this bother you at all?

22 MR. HOAG: Well, the only way that it bothers
23 us is that, supposing the Superintendent of Insurance said,
24 "Well, you are out because you aren't complying with all the
25 regulations of the Act"; we wouldn't mind if he would say,

MR. WHITNEY: The man work on an individual

professionals package, an annual assessment basis to practise law

package, or do you maintain some kind of a reserve fee

MR. HOAG: Well, we have a reserve. Our

reserves -- as I said, we observe annually the family group as
a separate unit to the members, though, and we do this because

some members don't have their families covered, and they

also don't have the same kind of a family group some take into

account of the time when they were married and the first few

years, going to put us on the books, so we have a reserve fee for

each member and so, on behalf, we have observed this as the

unit; the family unit has this members, unit.

MR. WHITNEY: Well, I'm interested in to do it right

somewhere first at least once, and that is first the Bill

as if you assume office for dispensing of all certificates now would

be a procedure in issuing a practising certificate. I suppose under

these circumstances would be corrective minimum remuneration for the

submittal of documents. There may be certain publications to be issued

and certain fees paid to the Board of Registration of Architects

and certain remuneration.

Does this particular area of this

MR. HOAG: Well, this only was first if people

as far as establishing the submittal of documents to the Board of

"Well, you are one of persons you know, a consulting with all the

members of the Age"; we would first be making each



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

68

1 "Well, in order to bring yourself in a position where you can
2 continue you will have to meet certain requirements," and we
3 would be quite willing to do it, and that's one reason why
4 we're here. A lot of people don't know anything about us.
5 As you say, we're closed, and working on our own, but we're
6 quite willing to do what we can to work with anybody else.

7 MR. WHITNEY: Do you issue any sort of financial
8 statement to your members every year?

9 MR. HOAG: Yes.

10 MR. WHITNEY: So that that much information is
11 made public, in a sense?

12 MR. HOAG: What we do, instead of operating on
13 a budget, we go by our last year's financial statement, and we
14 keep a record of each classification of coverage, and we know
15 whether one classification is going behind, or going ahead, and
16 so forth.

17 In this last year we had what we call a basic
18 coverage, which is for the members, and it's pretty hard to
19 keep it balanced financially, because, well, we cover so many
20 things. I mean, it's such a broad coverage, with so very few
21 limitations, so we did establish a policy during the year that
22 if any one group would go behind a thousand dollars we would
23 put on a dollar-a-month assessment until that was made up, and
24 it's working out very well.

25 That's another thing, of course. We don't know

"Well", in order to bring yourself in a position where you can continue you will have to meet certain requirements," said Mr. Monty Peutie Willing to do it, and that's one reason why we're here. A lot of people don't know anything about us. As far as I see, we're going to do our own thing.

MR. WHITNEY: Do you have any sort of statement?

RESUME OF YOUR MEMBERSHIP AS IT EXISTED

MR. WHITNEY: So far what kind of statement do you

make public, if any?

MR. HAGG: What we do, we do it based on a sense

of progress, we do it based on a sense of improvement, and we keep a record of those who cover us, and we know where every organization is going depending on how they stand, so to speak.

SO THAT'S

MR. WHITNEY: In this case we have just a few

members, which is for the members, and it's probably best to keep it as simple financially, because, well, we cover so many things. I mean, it's more a broad coverage, with so very few

things, so we did establish a policy during the last few

months we established a broad coverage, but it's only

that on a left-right-something-something basis that was made up.

MR. WHITNEY: It's working out very well.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

89

1 whether we will be able to carry that on after the Government
2 supervision comes into effect. We would like to do it, because
3 it keeps our dues down to a minimum.

3 MR. WHITNEY: Do you have a first-dollar
4 coverage? Is there any co-insurance, or deductible?

6 MR. HOAG: No, we don't have any deductible.

7 THE CHAIRMAN: Questions like that might be
8 answered in the regulations that we have.

9 MR. WHITNEY: I see what you mean, Mr. Chairman,
10 but not having seen them I would hate to let them get away
11 without finding these things out if they aren't in the regula-
12 tions.

13 In the event that your employee lapses his
14 coverage by non-payment, do you have a reinstatement period?

15 MR. HOAG: The way we operate is this, that
16 a member's dues are supposed to be paid, and if they aren't
17 paid he doesn't get benefits, but we can't suspend him for six
18 months, although he is still not beneficiary, and in order to
19 get back into benefits he has to pay his back dues and if he
20 is over two months in arrears, then we can go back 15 days,
21 and chop this off what he had beneficiary for.

22 I think you'll find this in almost any insurance,
23 that they wouldn't come in and say, "I want to resign." You
24 just don't see them. We notify a member every month if he is
25 in arrears, so that actually if he gets suspended it's his own

members we will be able to carry out our part of the government
subsidization comes into effect. We would like to do it, because
it keeps out new ones to a minimum.

MR. WHITNEY: Do you have a final question?

Coverage? Is there such a co-financing, or something else?

MR. HOAG: No, we don't have such a definition.

MR. WHITNEY: I see what you mean, Mr. Chairman.

Answered in the negotiations kept me busy.

MR. WHITNEY: I see what you mean, Mr. Chairman.

Part of having seen how I would have to tell them before I can
without finding these things out it may stand in the negotiations-

In the event that your employee bases his

coverage by non-benefits, do you have a reimbursement before?

MR. HOAG: This was the objective of ours, first

a member's dues are supposed to be paid, and if they stand for six

years he goes out of benefits, part we can't suspend him for six

months, although he is still not entitled, and in order to

get back into benefits he has to pay his dues and if he

is over two months in strike, then we can go back if dues,

and stop this off until we had entitlement again.

I think you'll find this in some of the instances

this is what Montagu came to say, "I am of opinion". Your

part don't see him. We notify a member every month if he is

in strike, so just recently if he gets suspended if it's his own



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

70

1 fault.

2 DR. GALLOWAY: How many people are there insured
3 and to whom do you pay the benefits, the patient or the doctor;
4 and on what basis are the medical expenses paid; and is there
5 any income protection in your benefits?

6 MR. HOAG: We have no income protection. What
7 was your first question?

8 DR. GALLOWAY: To whom do you pay the benefits,
9 the patient or the doctor?

10 MR. HOAG: Well, we like to pay our benefits
11 right to the doctor.

12 Now, so far as our members are concerned, we
13 pay the full coverage, O.M.A., whether they go to a specialist
14 or who they go to, but as far as the family group is concerned,
15 when we took that over we kind of profited by experience in
16 operating something that there is no limit to at all. It's
17 pretty difficult to try and carry on financially if you haven't
18 got a limitation any place. So we do make a certain allowance.
19 We have two family groups, and one of them is allowed so much
20 for surgery, and so much for other things, you see, and then
21 we pay according to that, and if they have a second operation
22 for the same thing, then we allow them two-thirds of what we
23 would ordinarily allow for the first one, and so forth.

24 DR. GALLOWAY: Is that described in this little
25 pamphlet?

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ONTARIO, TORONTO

10

7/17/54

DR. GALTOMAY: How many people are there insuring
and to whom do you best fit the benefits, the best fit or the good fit?
and on what basis are the medical expenses best fit; and to whom
and income protection in your benefits? What's
MR. HOAG: We have no income protection.

was your first marriage?

DR. GALTOMAY: To whom do you best fit the benefits?

the best fit or the good fit?

MR. HOAG: Well, we like to has our benefits

now, so far as our members are concerned, we
have the full coverage, O.M.A., whether they go to a specialist
or who they go to, just as far as the family doctor is concerned
when we look after we kind of holding a preference to
obtaining something fast since it is to fit. It's a
little difficult to fit the car on insurance if you haven't
got a limitation and since. So we do make a certain allowance
we have two family doctors, say one to cover all the
for surgery, and so many for other purpose, you see, and then
we have a second opinion if we need one, and so forth.
for the same thing, when we still have another
many originally follow for the first one, and so forth.
DR. GALTOMAY: Is that described in this filing



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

71

1 MR. HOAG: Yes, it is. There's only one thing
2 that there has been a little change in respect to that, that
3 we used to allow so much for the first, and two-thirds for the
4 second, and one-third for the third, so we changed that, and
5 instead of that we pay our full allowance for the most expen-
6 sive operation, and then the next most expensive we pay two-
7 thirds, and then the next most expensive we pay one-third, and
8 then after that we're not responsible.

9 So there is that little change in there. We
10 felt that sometimes the first operations are the least expen-
11 sive, and the member wasn't getting the full benefit in that
12 way. So we see that we pay for the most expensive coverage in
13 full.

14 DR. GALLOWAY: Are you referring to one, two
15 and three under a single hospital admission, or throughout the
16 course of the year?

17 MR. HOAG: Well, we go by ailments, actually.
18 There isn't any limitation by the year, but there is limitation
19 on each ailment.

20 We have medicine, by the way, and we have a
21 limitation there, too, and we have to keep a record of that,
22 because I read in the paper where you are a little interested,
23 or not interested -- I don't know which -- in the medicine
24 angle, and I would say that it would be an awfully good thing
25 to steer clear of, because it's really a headache, but, at the

MR. HOGG: Yes, if it is. There's only one thing

we need to think about is the cost of the fire, and snow-ploughs for fire
second, and one-plough for the plough, so we charge \$100, and
that's all of what we ask out, until it becomes for the most expensive
case of the snow-plough, and then the next most expensive we ask \$100,
and then after that we're not responsible.

So there is that little expense in there. We

tell just sometimes the first observation is the first expense
there, and the member may be getting the full benefit in that
way. So we see just we ask for the most expensive coverage in
that.

DR. GALTOMAY: Are you referring to one, two

and three under a single policy? I suppose if the
course of the year?

MR. HOGG: Well, we do a silly sort of section.

There isn't such limitation by the year, but there is limitation
on each slippage.

We have members, by the way, and we have a
limitation there, too, and we have to keep a record of first
losses I had in the same year than a little insurance
or not insurance -- I don't know whether -- in the meantime
and I would say that if money be a small loss
to steer clear of, because it's really a headache, but at the



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

72.

1 same time, it does a service to our members, and I think that
2 they really appreciate what we're trying to do for them.

3 The only thing is that when we come to the end
4 of the period that we can pay, or the end of the limitation,
5 then, of course, you run into a little difficulty, because
6 they object to maybe the fact that they have run their course,
7 but we explain to them, "Well, that's only for that ailment now.
8 If you have another ailment, you're still allowed to draw on that."

9 THE CHAIRMAN: I believe Dr. Galloway asked how
10 many members you had.

11 MR. HOAG: Well, we're operating now on about
12 900 members. That's just about half of what we had, say, about
13 ten years ago, but it's all in view of the fact that we have
14 made so many reductions in the staff.

15 Those are actual members, and in addition to
16 that there are about two-thirds of those members who carry
17 their families.

18 Then, as I told you, we have about 150 widows
19 that we carry as well.

20 DR. BUTT: Mr. Chairman, I would like to congra-
21 tulate Mr. Hoag. I think he has certainly shown us perhaps
22 the reason why we're here. In other words, 75 years ago you
23 started to do something that maybe we're starting to do now,
24 and in the light of that I want to ask you this.

25 You've read the Bill, and does this make it

Your late lead the Multi, and does this make it
hard in the future to find I want to ask you this.
startled to do something past makes us, it's easier to go now,
the reason why we're here. In other words, 12 years ago now,
trials Mr. Hogg. I think he has definitely shown us a better
DR. BULL: Mr. Chairman, I would like to conclude
that we carry as well.

Then, as I told you, we have about 150 members
there the recent members, say in addition to
those so many reductions in the last
few years ago, put it is still not up to the last time we had
over 200 members. This is just about half of what we had, say about
MR. HOGG: Well, we're obviously doing more on sports
now than ever before. I believe Dr. Galloway asked you
THE CHAIRMAN: I believe Dr. Galloway asked you
to give some figures on the number of members
put me outside of sports, "Well", that's only for the last 12 months now
and of course, now we have quite a little difficulty, because
of the better part we can do, or the end of the limitation
The only thing at first when we come of this kind
kind result a service must we're trying to do for them.
same time, if does a service of our members, and I think poss-



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

73

1 almost impossible for you to operate if you conform to the
2 selling of the standard contract?

3 MR. HOAG: No. We feel, actually, that our
4 coverage is pretty broad, and I don't feel -- well, we might
5 have to cut off some limitations, and that's one thing, of
6 course, that I would like to know just whether it will be
7 possible to have any kind of limitations at all. I'm not just
8 sure of that.

9 There are some things that we're not a hundred
10 per cent sure what they mean.

11 DR. BUTT: Could you make it available to other
12 people? In other words, universally available. Could you
13 still operate?

14 MR. HOAG: Other than railroad employees, do
15 you mean?

16 DR. BUTT: Yes.

17 MR. HOAG: Well, we discussed that, and, of
18 course, when we're limited to just railroad employees we don't
19 have a chance to expand the way we should be able to, and it's
20 just a question of perhaps we might be better off if we have it
21 open for everyone, and I suppose we could if we had a charter
22 to continue under those bases, but it seems to be the feeling
23 amongst the members that they would just like to keep their
24 Association to themselves, if they can, but if they can't,
25 well then, we're willing to comply with whatever regulations

show of impossibility for you to object if your company to file

statement of the existing conditions?

MR. HOAG: No. We tell, confessing, that our

coverage is perfect today, and I don't feel -- Well, we might

have to cut off some limitations, and that's one thing to

confess, that I would like to know just where if will be

possible to have such kind of limitations as this. I'm not sure

sure of just

whether this some purpose that we're not a hindrance

but certain such must apply me.

DR. HUTT: Could you make if available to other

people in other words, universities available. Confess to

MR. HOAG: Other than visiting employees, do

you mean?

DR. HUTT: Yes.

MR. HOAG: Well, we discussed this, and, of

course, when we're limited to just visiting employees we don't

have a chance to expand this as we should be able to, and this

just a description of because we might be better off if we have it

open to everyone, and I suppose we could if we had a chapter

to continue under those circumstances, but if seems to be the following

suggestion the members just they would just like to keep their

Association of themselves, if they can, put it there and, if

Well then, we're willing to comply with whatever regulations



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SERVICE
TORONTO, ONTARIO

74

1 there are. DR. BUTT: What percentage of those who might be
2 eligible in your Association are now paid-up members?

3 In other words, you say there are 900. Is there
4 a potential of, say, 2,000, or something like that, or would
5 you know?

6 MR. HOAG: Well, of course, we make our collec-
7 tions by the month, and I would say that -- oh, I don't
8 imagine that there would be any more than maybe 10 or 15
9 members at the present time who would be delinquent.

10 DR. BUTT: Well, really, what I'm asking is,
11 are there a great number of people who could be members of
12 your organization who aren't?

13 In other words, who are railroad employees but
14 aren't members.

15 MR. HOAG: Well, of course, you see we've been
16 up against this sort of problem, too, but all the non-
17 operating crafts on the railroad have a blanket coverage
18 through the Travelers' Insurance Company, and that's compul-
19 sory, that's a part of their working agreement, that they have
20 to have it. So we just lose a lot of members in that way.

21 Then, down around Windsor you have the Windsor
22 Medical, and that's a local thing, which is very good, and
23 appeals to a lot of people in this area.

24 So we lose a lot of members down in this area,
25 too, but there may be some here and there that maybe could

BUTT: Mrs. G. Bergren page of pose who might be

In other words, you see people like me.

Van Kruwens

MR. HOAG: Well, of course, we make our coffee--

કાર્યક્રમ અને સુધીનાં આપું

judges are available for this purpose.

Expedition titles



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

75

1 belong that don't, but it isn't compulsory. I mean, it's
2 optional. They don't have to belong.

4 DR. BUTT: I realize that.

4 MR. HOAG: Does that answer your question?

5 DR. BUTT: Well, more or less, yes. Some of
6 them have ... other coverage is what you are saying?

7 MR. HOAG: That's right.

8 MR. SIMON: Do your members have other medical
9 coverage, or is this the only coverage that they have?

10 MR. HOAG: Some of them have, yes, and that's
11 another problem, too, but it's my understanding that after
12 this new plan goes into effect, that although I imagine it
13 will be like the O.H.S.C., that if you want to carry two or
14 three insurances, that's your business, but you can only
15 collect on one, and I think that will make some difference,
16 probably, in our membership, too, because a lot of the ones
17 who have been covered under the Travelers', they don't mind
18 being covered under the Travelers'. They can't help it. They
19 have to be, anyway, because it's part of their working agree-
20 ment, but when the time comes to retire, they don't want
21 to have to keep up the premiums that they would have to pay,
22 and the reduced benefits, too, at the time of retirement.
23 Therefore, they have been keeping up the Railroad hospitaliza-
24 tion for the fact that maybe in a few years they would be
25 retired, and they would stay with us, and drop the other.

before you get up, put it in your combaforsa. I mean this
obligatory. They don't have to get along.

DR. BULL: I resist this first.

DR. BULL: Well, more or less, here. Some of

other coverage is what you are saying?

MR. HOGG: That's a right.

MR. SIMON: Do local members have option whether

coverage or to take the city a coverage and first pay as
also do some to them plus less, say, say, say, say, say, say,

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VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

76

1 We have under consideration at the present time
2 that possibly we might, where there is other coverage like that,
3 we might give protection that would have nothing to do with any
4 of the double coverage features, and allow them to continue at
5 a minimum rate to be members, and at the same time they would
6 be beneficial under certain categories that would have no
7 duplication aspect.

8 DR. GALLOWAY: Have you come to any conclusion
9 what those other areas would be?

10 MR. HOAG: No, we haven't, actually. We have,
11 oh, written down a few things like maybe dental care, and
12 chiropractic care, and osteopaths, and maybe medicine might
13 be one, because Travelers' don't carry any medicine,
14 and as long as we're in that line, anyway, well, perhaps we
15 could carry on and make up some kind of a contract that they
could be covered under until the time that they are retired,
and then we would agree to accept them for full coverage.

16 MR. CASWELL: Does your Association now cover
17 dental and chiropractic care?

18 MR. HOAG: No.

19 MR. CASWELL: You would consider that for the
20 future?

21 MR. HOAG: No. That was in answer to a question
22 what we might consider covering. Those are fields that could
23 be explored, and we might do something about it.

24 MR. WHITNEY: Mr. Chairman, if I may say some-
25 thing, and be careful how I say it, I think it is only fair to



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

77

1 indicate to Mr. Hoag that as the Bill is now proposed, it is
2 in its second reading, it is not final. It does suggest that
3 there is a standard contract with minimum coverages, and cer-
4 tain standard conditions, somewhat the same idea as the stan-
5 dard conditions in a fire insurance policy.

6 You were worried about minimum coverages, and
7 what you could do about it. This suggests a bottom in the
8 type of coverage, and the conditions of the standard contract,
9 with the right to offer all the frills above, the frills being
10 elected, and the suggested idea of the standard being obliga-
11 tory. The waiting periods, and all these things, would be uni-
12 form under this Bill, as proposed.

13 MR. HOAG: Yes.

14 MR. WHITNEY: You are aware of that, are you?

15 MR. HOAG: Yes, and we think actually as far
16 as our members are concerned, we are fully living up to our
17 requirements now, and more than that as far as that goes, but
18 as far as the plan was concerned, we never have felt like
19 taking over the home and office calls, but now we realize
20 that we have to give that coverage if we are going to continue.

21 For one thing, we haven't really completed
22 anything, actually, because we wanted to make sure just exactly
23 what we could do, and what we couldn't do, but we realize that
24 we do have to give home and office calls, and I suppose that
25 will be for first-dollar.

in the second reading if it goes through. If goes through at all there is a spending contract with minimum coverage, and certainly extends county boundaries, somewhat the same idea as the earlier configurations in a fire insurance policy.

Your more modified sport minimum coverage, and

what you could do about it. This measure is power in the shape of coverage, and the spending contract with the right to offset the liability provided, and the same idea of the standard policy, and the suggested ideas of the insurance money be used. The existing bonds, and it please forgive me under this Bill, as proposed.

MR. HOAG: Yes.

MR. WHITNEY: Your the same to me, the long

MR. HOAG: Yes, and we think sufficiently as far

as our members are concerning, we are fully living up to our

recommendations now, and more than half as far as fire, pro-

tection as the bills we are considering, we never have left this

carrying over the home and office office, but now we less this

shift we have to give first coverage if we begin to continue

for one thing, we never, if result completely

supplied, sufficiently, because we wished to make sure that except

what we could do, and what we could do, but we less this first

we go have to give home and office office, and I suppose first

will be for first-class.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

78

1 MR. WHITNEY: Yes, and it also implies here
2 that there will be, the suggested Bill implies that there
3 will be a maximum premium for the standard contract, above
4 which you can't go for standard coverage, but which you can
5 compete, premium-wise, below the maximum.

6 You are aware of that?

7 MR. HOAG: But you have to guarantee that
8 premium rate for the first year; is that right?

9 MR. WHITNEY: Well, it has two years now, with
10 review suggested in two years after experience is gained, and
11 so on.

12 MR. HOAG: Well, would you consider -- I don't
13 know whether I should ask you this -- what would you consider
14 that our present method now, would it be acceptable just at
15 the present time, that we operate on our present schedule,
16 with the understanding that if any group goes behind that we
17 can put on a special assessment to make that up?

18 THE CHAIRMAN: I am afraid an answer on that
19 might be accepted as a ruling, which we wouldn't want to indi-
20 cate, I think, would we, Mr. Whitney?

21 MR. WHITNEY: I would stay away from that, Mr.
22 Chairman.

23 I'll just say that you are probably not alone
24 in the situation, and this problem is going to come up again,
25 and sooner or later the Committee is going to have to deal with

Mr. WHITING, Yes, and also I might add if I may, that we have



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

79

1 it.

2 MR. MAJOR: Mr. Hoag, forgetting the assessment,
3 what is your base rate now for the single male employee?

4 MR. HOAG: Three dollars a month, and that gives
5 him the use of the doctor, and ambulance, and out-patient
6 hospital service, x-rays, laboratory service.

7 MR. MAJOR: And it covers home and office calls?

8 MR. HOAG: It does.

9 MR. MAJOR: What is your rate, then, for the
10 family?

11 MR. HOAG: We have a rate of \$1.75 for what we
12 call the D-2, and then we have another class, D-1. That's a
13 dollar-and-a-quarter a month, and then we charge extra for
14 children up till 16. We allow the children to continue as long
15 as they're dependent on their parents. Sometimes it doesn't
16 work out, because we have no way of finding out sometimes when
17 they become independent, and sometimes they're married, and
18 they're married for two years, and in that case, of course,
19 we feel that our Constitution covers it, because we tell them
20 that they can't continue after they are married, and we refund
21 the money that has been taken on behalf of those people.

22 MR. MAJOR: These rates are in addition to the
23 \$3 that you are collecting from the employee?

24 MR. HOAG: Yes.

25 MR. MAJOR: And it doesn't cover home and office

work to four per cent less than for the average wage employee);

MR. HOGG: Three coffees a month, and given, giving him the use of the coffee and supplies, any off-budget
coffee service extra, telephone service

MR. MATOR: And if covers some of my office costs

MR. HOGG: If goes.

MR. MATOR: Work to four per cent less, less for the

MR. HOGG: We have a rate of \$1.25 for work we

costs off the D-5, and then we have supper class, D-1. This is a
coffee-and-a-muffin a month, and cover the expense extra for

outfitmen up till 10. We still have the right to come in at work
as much as depending on their service. Some time it's been

work out, because we have to pay for laundry one month and
they become independent, and sometimes they're married, and

they're married for two years, and in that case, of course
we feel part of our contribution covers it because we tell them

we have this continuing after the married, and we taking
the money that has been paid on behalf of those people.

MR. MATOR: Three rates the same proportion to the

\$3 plus for the collective from the employees?

MR. HOGG: Yes.

MR. MATOR: And if doesn't cover some and off



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

80-

1 calls for these dependants?

2 MR. HOAG: That's right, it doesn't, nor medi-
3 cine. We don't allow any medicine for the families.

4 DR. BUTT: Mr. Hoag, would you have any idea
5 of your percentage, say, over 65 and under 65?

6 MR. HOAG: Well, I would say -- could I give
7 you a guess?

8 DR. BUTT: Yes.

9 MR. HOAG: We don't know that exactly, but I
10 would say that over-65's would comprise about a third of our
11 membership.

12 MR. SIMON: Have you still got some of the
13 original ones?

14 MR. HOAG: No. I can remember when we did. No.
15 I've been with this organization since '28. That's another
16 reason why I hope we can stay in business, for a while.

17 MR. DERROUGH: We had a hospital association in
18 St. Thomas before there was a hospital.

19 MRS. AYLEN: Had your Association anything to
20 do with the establishment of the hospital in St. Thomas, and
21 do you have any representation on the Board?

22 MR. HOAG: No, we did used to have a kind of an
23 agreement with the hospital, and we have what we call a rail-
24 road ward in St. Thomas, but inasmuch as the hospitals, actually
25 most of them aren't paying their own way, and the City had to

MR. HOAG: That's right, if you can't, nor mem-

ber. We don't still own any medicine for the family,
DR. BUTT: Mr. Hoag, would you have any idea

of how long it would take over 65 any number of days
of your percentages, say, over 65 any number of days?

MR. HOAG: Well, I would say -- could I give

you a guess?

DR. BUTT: Yes.

MR. HOAG: We don't know what extra care I

would say this over-65's would comprise about a third of our

MR. SIMON: Have you seen any sort of pre-

sentimental cue?

MR. HOAG: No. I can remember when we did.

I've been with this organization since '58. That's a longer

period of time I hope we can still do something, for a while.

MR. DEKODASH: We had a hospital association in

St. Thomas police officer was a possibility.

MRS. AYLNIN: Had your Association talking to

about the establishment of the hospital in St. Thomas, and

do you have any representation on the Board

MR. HOAG: No, we didn't have a kind of

-list, so I also a list of the hospital, and we have that we also

agreement with the hospital, put together as the possibility, so as

to add up to St. Thomas, put together as the possibility, so as

most of them were staying there, and we, and the City had to



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

81

1 make up any deficit that they had.

5 They didn't feel that we should have any
3 consideration over and above any ordinary person, and therefore
4 we didn't feel that we cared anything about maintaining a ward.
5 It wasn't our furniture, anyway. We did have furniture in the
6 very first hospital that was there, and what happened to it
7 when the hospital was dismantled nobody knows.

8 MRS. AYLEN: It was probably worn out.

9 MR. HOAG: I don't think it would be any use now.

10 MISS McARTHUR: Do the rates rise rapidly as
11 this proportion of over-65 grows?

12 It seems to me that this must have happened in
13 the last few years. Have you noticed a marked problem in rate
14 structure?

15 MR. HOAG: Yes. Well, you see, in industrial
16 work usually the younger people get laid off, and I think
17 that's wrong. It should be the older people, and put on
18 pension, but just the same ---

19 MR. SIMON: I'm glad you made your last remark.

20 MR. HOAG: But I think that younger people who
21 are raising a family, and maybe buying their home, need their
22 job more than maybe the older people, who are more or less
23 established, provided the older people are sure of some kind
24 of separation allowance, and in the railroad service they do
25 have. This is a United States railroad, and if you are

I make up my definite mind today.

They didn't feel like going home.

consideration over any above any original person, any operation which I feel we ought to consider about mississauga is that we didn't feel that we must have summary. We did have time to do very little preparation for it.

Mrs. ELLIN: If we dropped out one.

MR. HOAG: I don't think it would be very much trouble.

Mrs. MCGOWTHAN: Do you refer me to the same as

out a breakdown of over-PP below?

If some of the past five years have been good in

the last few years. Have you noticed a marked change in rate

MR. HOAG: Yes, Mr. Metz, you see, in industry

work naturally the younger people get laid off, and I think most of all the older people and bring on

---, but that's the case ---

MR. SIMON: I'm trying now more and less research

MR. HOAG: But I think that younger people who

are starting a family, and makes buying power, need more top more than we have the older people, who are more or less separated, bringing the older people the same of some kind of separation all the same, and if you ask



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

82

1 unemployed you entitled to consideration from the Railroad
2 Retirement Board.

3 THE CHAIRMAN: I gather that the questions are
4 exhausted. Thanks very much, gentlemen.

5 MR. COULTER: Is anyone living in the United
6 States covered under your plan?

7 MR. HOAG: Yes, we do have some people who have
8 moved to the United States, and what we do, we tell them that
9 we will give them the same coverage there as we would here,
10 and we know that the medical services there are much more than
11 they are here, but just the same they are paying the same
12 money, and if they pay their premiums in United States money,
13 we pay their bill in United States money, but if they don't,
14 why, we just issue a cheque on our bank account, and it's a
15 question between the person who gets the cheque and the people
16 who owe them the money.

17 When the P.S.I. -- I don't know whether we have
18 any right to discuss another plan or not, but we're all in the
19 same boat here, apparently. The doctors allow 10% reduction
20 from the fee, and they will accept that in full payment, and
21 we think that's kind of unfair competition. We feel that if
22 we're all in this together, and we're supposed to pay the fees,
23 why should not everybody pay it?

24 Dr. Butt probably might be able to answer that.

25 DR. BUTT: Did you say I might be able to answer

10

Refrigeration Basics

THE CHATMAN: I expect this type of classification site

explanatory, descriptive, extra metric, soft measure.

MR. COUTTER: Is anyone having to file Unified

MR. HOAG: As Mr. Go base some beside Mr. Hause

but that the same type of analysis can be carried out on the same data set.

• who owe you the favor

When the P.S.I. -- I don't know whether we have

and many other species have been reported to be associated with the disease.

• [View details](#) | [Edit entry](#) | [Delete entry](#) | [Go to subpage](#)

DB_Binary - Day 9, now, say I will be able to submit



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

83

1 it?

2 MR. WHITNEY: Do you agree with that, Dr. Butt?

3 DR. BUTT: Well, I would be committing myself,
4 wouldn't I?

5 THE CHAIRMAN: As I stated at the beginning,
6 we're not here to debate these issues.

7 MR. HOAG: Well, I hope you will record that as
8 a question coming from our Committee.

9 THE CHAIRMAN: Thank you, gentlemen. I believe
10 that your organization could very rightfully be called a
11 friendly society.

12 MR. HOAG: Thank you very much.

13 THE CHAIRMAN: Is Dr. Peterson present?

14

15 SUBMISSION OF CHARLES T. PETERSON, D.D.S.

16 Appearance: Dr. Charles T. Peterson

17 THE CHAIRMAN: Dr. Peterson, were you here when
18 I read the instructions to the first delegation?

19 DR. PETERSON: No, sir, I wasn't.

20 THE CHAIRMAN: I would like to draw them to your
21 attention.

22 Members of the Enquiry have received and
23 studied the brief you submitted -- this is the original one.
24 The second one hasn't been submitted. I received that, of
25 course, only the other day. In accordance with the guide for

MR. WHITNEY: Do you agree with page 1 Dr. Butts?

DR. BUTTS: Well, I might be committing myself.

Question 13

THE CHAIRMAN: As I stated at the beginning

we have no desire to depress morale.

MR. HOAG: Well, I hope you will record what we

a description coming from our Committee. I believe

THE CHAIRMAN: Thank you gentlemen. I believe

first point of consideration could very likely result in

friendly society.

MR. HOAG: Thank you very much.

THE CHAIRMAN: Is Dr. Ferguson present?

SUBMISSION OF CHARLES T. BEFFERSON D.D.S.

Abbeystead: Dr. Gershaw T. Ferguson

THE CHAIRMAN: Dr. Ferguson were you here when

I read the instructions to the first delegation?

DR. BEFFERSON: No sir, I wasn't.

THE CHAIRMAN: I might take to draw your attention

Member of the Enduring Peace Commission and

selected the first one you submitted -- this is the original one.

The second one hasn't been submitted. I selected this, of

course, out of the other six. In accordance with the ruling for



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

84

1 participation in hearings that was mailed to you, it will not
2 be necessary for you to read your brief, but you do have an
3 opportunity to emphasize or enlarge upon its conclusions or
4 recommendations.

5 Members of the Enquiry may ask you questions on
6 the statements or recommendations submitted in your brief, but
7 you are not to be subjected to examination or cross-examination
8 by other persons.

9 It is not our intention to debate your suggestions
10 or recommendations, nor to state the views of this
11 Enquiry on them. Consequently, any opinions expressed in
12 questions asked or statements made by members of the Enquiry
13 are intended for clarification only.

14 So you may proceed.

15 DR. PETERSON: Dr. Hagey, members of the Commission:
16 the brief I present is that I believe that oral diseases
17 are an infective mechanism. We have certain proof now. More
18 research has to be done, and I believe that we should have a
19 medical approach to oral diseases.

20 I think the oral health services should not be
21 a technical service, but should come under a medical health
22 plan for the Province of Ontario. Now, I have certain articles
23 here to back up the idea of oral services, in which Dr. Hamilton,
24 Dr. Galloway and Dr. Butt would be very interested. I have
25 also got certain ones that have to do, more in layman's terms,

opportunity to emphasize to the government that we will not be necessary for you to ready account, and you do have an application to the legislature about this conciliation to

members of the industry may save considerable time if you will put the statement or recommendations summarized in your brief, and you are not to be surprised if you are asked to supply a copy of your brief.

If it is not our intention to oppose your application to the industry on behalf of the members making or supporting their application, nor to oppose the views of those of us who are in favour of recommendations, nor to oppose the views of those who are in favour of cross-examination of witnesses, and you are not to be surprised if you are asked to give evidence.

DR. BELLARSON: Dr. Weston, member of the Committee: the purpose I present is that I believe this is a disease as the infectious disease. We pass certain droplet way. More release may be to do gone, and I believe that we should pass a greatest possibility of out disease.

I think the only really effective method is a surgical operation for the Province of Ontario. Now, I have certain statistics which speak up the idea of this, in which Dr. Hamilton says that many of the cases of lung diseases, I have seen for the Province of Ontario. Now, I have certain statistics which speak up the idea of this, in which Dr. Gifford says Dr. Dugay many be next to last if you are going to do more to improve the health of the country.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

85

1 with the different problems. I feel that a technical service
2 would not answer the problem of dental care in the Province of
3 Ontario.

4 Here is a brief note from Dr. Cox of the
5 Children's Hospital:

6 "When one considers how frequently systemic
7 diseases, whether due to infection, defective
8 nutrition, hormonal imbalance, blood dyscrasia,
9 or simply old age, are accompanied by distinct
10 pathological lesions within the oral cavity,
11 particularly in the gums and the supporting
12 tissues of the teeth, one wonders why every
13 physical examination does not include a report
14 of the findings in these supporting tissues."

15 Then I have other things to point out in terms
16 of dental services. This is a copy from the Minister of Health
17 in London England, comparing 1959 and 1960 dental treatments.
18 The number of teeth extracted in 1960 was 11,033,000 teeth;
19 that was permanent teeth. There were 23,000,000 fillings done
20 and there were over two and a half million dentures made in
21 London England. That was just England and Wales.

22 We have different reports here. It was the
23 Carnegie Report that was done in 1926 -- the Giles Report. I
24 haven't got the latest one on the Council of Education that
25 was just made.

There is a point late from Dr. Cox of the

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VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

86

1 But I feel that oral disease is an infective
2 disease, that by research there is no reason why we cannot find
3 out what is causing it and have control. This is not just
4 periodontal disease. I believe that tooth decay is also and
5 that you cannot treat the tooth only -- it must be the tissues
6 as well.

7 THE CHAIRMAN: Thank you. The members of the
8 Enquiry may have some questions.

9 DR. HAMILTON: Dr. Peterson, your brief covers
10 a very wide field: medical education, research, the theories
11 and the cause of oral disease, dental practice and prevention.
12 But I would ask you if you would explain what the relevance
13 of this to Bill 163 is?

14 DR. PETERSON: In essence -- I am sorry. What
15 is Bill 163?

16 THE CHAIRMAN: This is the bill that we have
17 been charged to investigate with people who have an interest
18 in it, relevant to medical services insurance. It has been
19 placed before the legislature of the province and it has had
20 two readings and that is the sole purpose of this Enquiry.

21 DR. PETERSON: I am sorry. I feel that the
22 treatment of oral diseases should be approached from a medical
23 treatment of the disease and it should come under medicare
24 plans.

25 DR. HAMILTON: You are asking then that dental

DR. HAMILTON: You are asking open and direct questions
pertaining to other diseases which may be causing this
presentment of the disease. I am not sure what
the best approach would be. This is not part
of my practice to cause any unnecessary anxiety.
But I feel that it is best to tell you about my
diseases, if part of a necessary procedure to do so with your
best interest in mind. This is not part
of my practice to cause any unnecessary anxiety.
But I feel that it is best to tell you about my
diseases, if part of a necessary procedure to do so with your
best interest in mind. This is not part
of my practice to cause any unnecessary anxiety.

DR. HAMILTON: Thank you. The members of the

Board may have some questions.

DR. HAMILTON: I will try to answer them as well as I can. I would like to say that I have had a very wide field: medical, dental, pharmaceutical, and preventive.
I have had a variety of diseases, mostly breast diseases and hypertension.
I have had a variety of diseases, mostly breast diseases and hypertension.
I have had a variety of diseases, mostly breast diseases and hypertension.
I have had a variety of diseases, mostly breast diseases and hypertension.

DR. HAMILTON: Thank you for asking about my

DR. PETERSON: In response -- I am sorry. What

is Bill Tep? Is

DR. HAMILTON: This is the field in which we have
been engaged to investigate which people may have an interest
in it, referring to medical research institutions. If you need
any information of the laboratory and its use please
call me. I am ready to give you all the information you may need.

DR. PETERSON: I am sorry. I feel that the

patient must be conscious of the disease and some degree
of treatment of the disease. I am not sure what the best approach

is.

DR. HAMILTON: You are asking open and direct



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

87

1 treatment should be included in the medical services made
2 available under Bill 163?

3 DR. PETERSON: Yes.

4 DR. HAMILTON: Thank you very much, Dr.
5 Peterson. I have no further questions.

6 THE CHAIRMAN: Do any other members of the
7 Enquiry have any questions?

8 Thank you very much, Dr. Peterson.

9 Is the delegation from the Podiatric Society
10 present? Is the delegation from the Southwestern Ontario
11 Podiatric Society not present?

12 Is the delegation from the Kent Medical Society
13 here?

14 Is there anyone here who wishes to be heard?

15 Let us recess for ten minutes.

16 ---Short recess.
17

18 THE CHAIRMAN: Is the delegation from the South-
19 western Ontario Podiatric Society present? Would you like to
20 come forward to the table, please.

21

22 SUBMISSION OF
23 THE SOUTHWESTERN ONTARIO PODIATRIC SOCIETY

24 Appearances: R. J. Tolbert, D.S.C.
G. J. Courey

25 THE CHAIRMAN: Gentlemen, I will read the

document showing as judged in the medical service made

satisfactory under Bill 163?

DR. PETERSON: Yes.

DR. HAMILTON: Thank you very much, Dr.

Peterson. I have no further questions.

THE CHAIRMAN: Do you offer members of the

Baptist Church any discounts?

Thank you very much, Dr. Peterson.

To the delegation from the Baptist Church

please? Is the delegation from the Evangelical Lutheran

Baptist Church not present?

To the delegation from the Methodist Church

Is there anyone here who wishes to be present?

Rep as soon as you receive.

--Sport section.

THE CHAIRMAN: Is the delegation from the Baptist

Methodist Church present? Many of our like to

come forward to the stage, please.

THE SOUTHWESTERN ONTARIO BAPTIST CHURCH

R. L. Toppes, D.S.C. Abberlance:

THE CHAIRMAN: I will send the



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

88

1 instructions which are read to all delegations appearing before
2 the Enquiry:

3 "Members of the Enquiry have received and
4 studied the brief you submitted. In accordance with the guide
5 for participation in hearings that was mailed to you, it will
6 not be necessary for you to read your brief, but you do have
7 an opportunity to emphasize or enlarge upon its conclusions or
8 recommendations.

9 Members of the Enquiry may ask you questions on
10 the statements or recommendations submitted in your brief, but
11 you are not to be subjected to examination or cross-examination
12 by other persons.

13 ~~and so forth~~ It is not our intention to debate your suggestions
14 or recommendations, nor to state the views of this Enquiry
15 on them. Consequently, any opinions expressed in questions
16 asked or statements made by members of the Enquiry are intended
17 for clarification only.

18 As stated in the instructions, one person is to
19 act as your spokesman. However, if the spokesman feels that
20 another member is better qualified to answer a specific
21 question from a member of the Enquiry, the spokesman may receive
22 the Chair's permission to request the other member to answer.

23 Would you tell us now which one is to be the
24 spokesman?

25 MR. COUREY: My name is Courey. I am a solicitor.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

89

1 I have with me Richard J. Tolbert, who is a Podiatrist prac-
2 tising in the city and I think there may be some questions more
3 beneficially answered by him.

4 THE CHAIRMAN: Thank you. Would you like to
5 proceed, Mr. Courey.

6 MR. COUREY: Mr. Chairman and Members of the
7 Enquiry: First I would like to thank you for the opportunity
8 of appearing here and presenting this brief today and I would
9 like to thank Mr. Turner, the Commission Secretary, for his
10 assistance in supplying us with information necessary for the
11 preparation of the brief which we have before you today.

12 Now, it is our respectful submission that the
13 public interest cannot be other than very well served by
14 including podiatrists' services under Bill 163.

15 I must confess personally that until becoming
16 involved in this matter, my own knowledge of this field was
17 very negligible and, frankly, from discussions with many others,
18 I think we can draw the conclusion that the public knowledge
19 of the merit of their work is somewhat superficial. I fully
20 appreciate the commission, likely before this date, and
21 certainly is by this time, very well acquainted with the
22 podiatrists' work and service and his qualifications.

23 Without going into any detail, I would however
24 like to deal generally now with the services which the
25 podiatrist performs and the value of the particular service.

THE CHATEAUX: These are many and like to

Booking; Mr. Conroy.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

90

1 As you know, in Ontario the podiatrist is licensed to treat
2 any ailment, disease or defect of the human foot. The faculties
3 teaching podiatry, which are recognized by the Ontario Board,
4 are staffed with podiatrists, medical practitioners and doctors
5 of philosophy of the basic sciences. Generally speaking, their
6 curriculum consists of a pre-professional course of two years,
7 after Grade 12, or one after Grade 13, and four years pro-
8 fessional course.

9 I will leave with you, if it might be of interest,
10 catalogues from two of their institutions which deal with the
11 curriculum and the faculty.

12 I think the curriculum was dealt with in the
13 brief submitted by the Ontario Association and we needn't dwell
14 on that point today at all.

15 Now, in essence, the co-operation of the medical
16 profession in podiatric teaching institutions and the increasing
17 number of clinics established in hospitals in the province --
18 in Toronto there are two in the Toronto General Hospital, one
19 each in St. Joseph's Hospital, Baycrest Hospital, St. Michael's
20 Hospital and Toronto Western Hospital. In London there is
21 one podiatric clinic in St. Mary's Hospital and here in the
22 City of Windsor at Riverview Hospital, which is a hospital for
23 the aged and infirm person, a clinic has been established and
24 it has had, I am assured, very remarkable success in assisting
25 hitherto bed-ridden patients to become and remain ambulatory.

Geologists' Conference.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

91

1 We believe that the commendations of these hospitals are
2 adequate evidence of the importance and value of the podiatrist's
3 services. The work of the podiatrist in the treatment of
4 diabetic foot is one area in which his services are extra-
5 ordinarily important and very beneficial and I would, if I may,
6 leave with the Commission a thesis on the Conservation of the
7 Diabetic Foot, prepared by the Diabetic and Podiatric Clinics
8 of Georgetown University Hospital and the Department of Medicine
9 of Georgetown University. It deals, and it sets out very
10 clearly, with the nature of the service which the podiatrist
11 performs in this area, the co-operation between the medical
12 profession and the podiatrist in this area.

13 I might also leave with the Commission a bro-
14 chure of St. Luke's Children's Hospital, which sets out the
15 scope of the podiatrist's practice, the nature of his service
16 and the co-operation between the profession in this area.

17 If I may proceed to the conclusion of our brief,
18 we quite properly feel that Bill 163 does include medical and
19 surgical care of the foot. It does not, however, in its present
20 form, cover these services if required by a podiatrist who, we
21 say, is legally entitled and licensed under the law, as well as
22 properly qualified, to perform these services. Now, no doubt,
23 in so doing, he is competing, if one would call it that, with
24 the general practitioner; but it seems very unlikely that the
25 legislature intended to discriminate against the podiatrist or

We believe that the communication of these findings are
desirable evidence of the importance and value of the therapeutic
surface. The form of the body surface in the presence of
disseminated tuberculosis and leprosy are ex-
quisitely typical and I would, if I may,
desire with the Commission a copy of the communication to the
Disseptic Department by the Disseptic and Pathologic Office
of George Town University Hospital and the Department of Medicine
of George Town University. If desired, and if it can be done very
easily, with the name of the author writing the communication
below, and the co-operation of the author, the
communication and the body surface in this case,
I will send you a copy.
I am sending you a copy of the communication to Dr. Thomas G. Gillies
above of the Pathological Department of the Royal College of Physicians
and the co-operative physician the Pathologist in this case,
If I may trouble you to do so,
we desire particularly to thank you for your kind and
generous services to the Royal College of Physicians. We
are very grateful to you for your services, now, in doing
the best we can for the Royal College of Physicians, with
the greatest satisfaction; but if there are some very difficult
questions which require to be referred to you, we hope you
will be good enough to do so.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

92

1 to confer a competitive advantage upon the physician. Certainly
2 this ought not to be the case and I am sure that the medical
3 practitioners themselves do not seek such an advantage and
4 would not, in good faith, prefer to have it. In many instances,
5 I suspect that the medical practitioner would prefer not to
6 be burdened with treating matters properly within the scope
7 of the podiatrist's practice. Notwithstanding this fact,
8 however, the podiatrist as well as the physician are, in law,
9 authorized to perform this service and it seems, to a lay
10 observer, that they co-operate very admirably in serving the
11 public interest in this regard.

12 In essence, the privilege of the selection of
13 a practitioner is considered the right of every individual and
14 this is qualified only to the extent that he must select a
15 person who is, by law, entitled to perform the service he is
16 seeking; with the Act in its present form, patients would be
17 required in effect to pay twice for the services of a podiatrist.

18 Next, insurance premiums or prescriptions, such
19 as the podiatrist's. There would seem to be no reason to
20 suggest that the podiatrist's services not be covered by the
21 proposed legislation and the only thought that we can see in
22 this respect is the possibility of an added cost and our
23 enquiries seem to indicate that such an objection is erroneous.
24 We say: "The coverage of podiatric service would not incur
25 added cost to the plan, as rates are based on benefits for



1 conditions and not who shall treat the conditions. This is
2 substantiated by the fact that private insurance plans pro-
3 viding payment for services rendered by podiatrists have not
4 found it necessary to adjust rates nor have the rates of
5 physician sponsored Blue Shield plans in the United States been
6 adjusted when amended to cover the subscriber who elects
7 medical or surgical treatment by a podiatrist." There is no
8 actuarial evidence for the Commission in this regard. We did
9 write to podiatric societies in the United States, various
10 states, where their schemes were amended to provide for payment
11 of podiatrists and these indicate that there was no adjustment
12 in the rates charged as a result of the inclusion of their
13 services. I may leave these with the Committee as well.

14 In addition, there are some 29, I believe,
15 private insurance plans in the Province of Ontario which do
16 at the moment cover and pay for services when rendered by a
17 podiatrist. We have no information and no reason to believe
18 that their rates were ever adjusted by the inclusion of payment
19 of podiatrists.

20 In summary then, I make these points: (1) There is
21 a demonstrated chronic need for specialized foot care; secondly
22 that the podiatrist is extremely well qualified and, indeed,
23 the only man who specializes in this field. The proposed
24 legislation in this field does cover this type of service. In
25 its present form, it would seem discriminatory in that the service



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

94

1 if performed by a medical practitioners is covered, but not if
2 performed by a podiatrist, even though he is qualified and
3 legally entitled to perform such service. So there is no
4 added cost and it would be both equitable and in the public
5 interest that they be included. To give effect to this, we
6 respectfully submit that the Bill should be amended to define
7 the term "physician" to include a podiatrist. That is all I
8 have to say.

9 THE CHAIRMAN: Thank you very much, Mr. Courey.
10 Some of the members of the Enquiry have indicated their desire
11 to ask questions of you.

12 DR. GALLOWAY: Mr. Courey, I imagine that some
13 of the questions that I will want to ask you will deal primarily
14 with the practice of podiatry and it may be that Dr. Tolbert
15 will want to answer those questions. Are there any particular
16 differences in this brief which you are presenting and the brief
17 that will be presented in Toronto by the Society?

18 MR. COUREY: We felt that there was some
19 different emphasis. Frankly, the brief was drawn and referred
20 to them and so I think there is a very marked similarity
21 between them. We did want to deal primarily with the right of
22 the podiatrist in law to perform these services and on that
23 basis his right to be included in a general plan by the payment
24 of this particular type of service.

25 DR. GALLOWAY: This is the difference between the

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VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

95

1 two briefs?

2 MR. COUREY: I think essentially it is no more
3 than a matter of emphasis.

4 DR. TOLBERT: There is really no difference
5 between the two briefs.

6 DR. GALLOWAY: How many podiatrists are there
7 in Ontario and how many are there in this particular Society?

8 DR. TOLBERT: There are 68 podiatrists in
9 Ontario; there are 6 in this Society.

10 DR. GALLOWAY: In the type of work that you do,
11 a number of you do both office practice and some of you do
12 hospital practice through clinics?

13 DR. TOLBERT: Yes.

14 DR. GALLOWAY: What would be the average work
15 day as a podiatrist that you would have?

16 DR. TOLBERT: We spend about eight hours in our
17 offices, I would say, and then there are house calls and calls
18 of that type.

19 DR. GALLOWAY: Approximately how many people
20 would you treat in a day?

21 DR. TOLBERT: I myself have been in practice
22 two years. I would treat, on the average, fifteen patients a
23 day. I would say the established practitioners would treat
24 twenty, twenty-five patients a day.

25 DR. GALLOWAY: This would be a five-day week,

two briefs

MR. CONNELL: I prefer examples if I can make

them a matter of substance.

DR. THOMAS: There is little or nothing more

between the two briefs.

DR. GALTOWAY: How much longer are the points

of difference between the two briefs?

DR. GALTOWAY: At about 8 o'clock this morning

outfit; there was a lot of trouble

in getting to town to have the car repaired.

DR. GALTOWAY: In the early part of the day

possible mistake following office

DR. GALTOWAY: Mike would be the same as now

as a passenger first class for many years

DR. THOMAS: We had some difficulty in our

offices, I would say, and after

DR. GALTOWAY: About twenty-five yards away

many hours first class

DR. THOMAS: I didn't have time to do that

a number of necessary papers out of my briefcase. I would first, I mean, I have a case.

DR. GALTOWAY: I would say it's a five-year

period, maybe five before you get into a car.

DR. GALTOWAY: This would be a five-year



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

96

1 as a rule?

2 DR. TOLBERT: Yes, as a rule.

3 DR. GALLOWAY: Somewhere then between roughly
4 one hundred and one hundred and twenty-five patients a week?

5 DR. TOLBERT: That is right.

6 DR. GALLOWAY: And in a hospital, is this time
7 taken out of your office practice or are you paid for that when
8 you are in hospital?

9 DR. TOLBERT: In hospital here Dr. Ballard
10 maintains a clinic at Riverview. He goes on Wednesday. He is
11 paid. The exact number of patients he sees per Wednesday, I
12 do not know. I did see one list that had about twenty patients
13 on it.

14 DR. GALLOWAY: Would he be paid on a fee-for-
15 service basis or a salary?

16 DR. TOLBERT: He is paid on a fee-for-service
17 basis, by the Sunshine Fund set up by the Ladies' Auxiliary,
18 I understand.

19 DR. GALLOWAY: Would you in your group, or your
20 practice, be treating any indigent patients?

21 DR. TOLBERT: Pardon?

22 DR. GALLOWAY: Would you in your practice be
23 treating any indigent patients?

24 DR. TOLBERT: Yes, we do.

25 MR. GALLOWAY: And on what basis, or how do you

DR. TOLBERT: Yes, as a rule.

MR. GALTOMAY: Government plan perhaps would probably

one hundred and one hundred and twenty-five stations a week?

DR. TOLBERT: This is right.

MR. GALTOMAY: And if a competitor, if this firm

takes out of your office practice or the law bid for some paper

you are in jeopardy?

DR. TOLBERT: It depends upon Dr. Bellissard

whether he is eligible at that time. He is

I suppose the exact number of stations he can take over. I

do not know. I did see one type that had a large majority

on it.

MR. GALTOMAY: Would he be bid on a fee-for-

service basis or a salary

DR. TOLBERT: He is bid on a fee-for-service

basis, by the Supreme Court or by the Federal Anti-trust

I understand.

MR. GALTOMAY: Would you in your opinion, on how

benefit, be requesting such legislation?

DR. GALTOMAY: Most likely to assist business per-

haps more than to the public, but I am not sure.

DR. TOLBERT: Yes, we do.

MR. GALTOMAY: And on what basis, or for whom



1 handle them?

2 DR. TOLBERT: The patient that obviously cannot
3 pay at all, we just treat without fee... Those patients that
4 have a problem, what I do, or what I think most practitioners
5 do, is tell them what their fee is and tell them that when they
6 can pay us, please do so.

7 DR. GALLOWAY: On reading through your brief,
8 there are several things that come to my mind and maybe it is
9 just a matter of wording. In the first sentence of paragraph
10 one you have stated:

11 "Podiatry is the only area of medical practice
12 which specializes in the treatment of foot
13 disease."

14 In what sense are you using the wording "medical practice", and
15 in what way do you define that the podiatrist is the only person
16 specializing in foot disease? There are so many areas or so
17 many other people in medicine who, at this moment, are interested
18 in the feet.

19 DR. TOLBERT: I think we are talking about a
20 total specialist. For instance, the dermatologist would never
21 treat athlete's foot and he is a specialist in skin conditions.
22 The orthopaedic surgeon is a specialist in bone and joint
23 surgery and he would have an interest in the foot, from that
24 point of view. But as a total area specialty, we are the only
25 specialty. As far as medical practice is concerned, podiatry

1945-1946

same class as the best of the country.

As far as I can see, we have the best of the country here. The place has a great

atmosphere of friendliness and interest. The people are very friendly and helpful.

The food is excellent and the service is prompt. The place is clean and comfortable.

The room rates are reasonable and the facilities are good. The place is well equipped and has a great deal of space.

Please let me know if you would like to stay longer.

DR. GATTOWAY: Oh yes, I would like to stay longer.

At the present time I am not able to go to the United States because of my work.

I am not able to go to the United States because of my work.

I am not able to go to the United States because of my work.

I am not able to go to the United States because of my work.

I am not able to go to the United States because of my work.

Foot in the door and in the office.

"Please".

In this "old country" there is no money to be had.

It is not possible to get a job in this country without having a good education.

It is not possible to get a job in this country without having a good education.

It is not possible to get a job in this country without having a good education.

It is not possible to get a job in this country without having a good education.

DR. TOWERS: I think we are getting along.

It is not possible to get a job in this country without having a good education.

It is not possible to get a job in this country without having a good education.

It is not possible to get a job in this country without having a good education.

It is not possible to get a job in this country without having a good education.

It is not possible to get a job in this country without having a good education.

It is not possible to get a job in this country without having a good education.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

98

1 is a medical-surgical service and, therefore, we use the term
2 "medical practice".

3 DR. GALLOWAY: Mr. Courey, on page 2, number 3,
4 in which you have stated that:

5 "The privilege of selection of a practitioner
6 is one that every individual accepts as his right;"
7 and then there is the next phrase which says

8 "...provided, however, that the practitioner he
9 prefers is one entitled by law to perform or
10 render the service needed."

11 Is that last phrase correct? Could the patient not elect to
12 go to an unlicensed practitioner?

13 MR. COUREY: I suspect that he would be entitled
14 to go to anyone for any service; but I think not, if he is
15 called upon to use a public plan for the payment of those
16 services. On the other hand, it is very difficult to say that
17 he is even entitled to go to anyone for any service because in
18 some instances such acts would constitute crimes. There are
19 only certain individuals who are licensed to provide medical
20 service or any type of professional service. Their limits
21 are generally defined in law, so that people cannot render,
22 unless they are licensed, a professional service. I think it
23 would then be incorrect to say other than an individual is not
24 entitled, under our system at least, to seek a professional
25 service from a person who is not qualified to give it -- not if

"medieval perspective"

at a medieval-aesthetic seminar and, therefore, we can find poems

DR. GALTOWAY: Mr. Gonzalez on page 5, line 2:

at which you have written upon:

"The building of a cathedral to glorify the past"

right and as adequate substitute for one of

eyes which easily discerns the true and

realities of the present world...".

and then follows at the bottom of

".between the relative and

at the top of the page: "the first thing that I can

go to in my imagination

before all else is the cathedral of

Mr. GALTOWAY: I think that I am going to go to

something to the effect that it is

that you are so difficult now at this time that no

it seemed to me that you were not going to go to anything new at

any point, and some range between old and new

which seems to be something that you are

out of control of yourself. That is

the general idea of the poet's

at point I believe is something like a kind of

for all the people who are going to be

found here -- it is a kind of

it has -- it is a kind of belief that the people who are



1 he is going to be paying for it, and certainly not if he is
2 going to use a public plan to finance it.

3 DR. GALLOWAY: This is only true if you are
4 speaking of it in regard to medical health insurance, as I
5 think you are in this brief?

6 MR. COUREY: Yes.

7 DR. GALLOWAY: I was interested in the fact that you
8 do not think that costs would rise. I wonder if we can ask
9 the Doctor what percentage of your patients pay you in cash
10 and receive reimbursement from the insurance company and what
11 percentage do you think are insured at the present time?

12 DR. TOLBERT: I would say 95% of my patients
13 are covered by health insurance, the Windsor Medical Services.
14 Windsor Medical Services is a physician-sponsored plan. It
15 does not reimburse them for their podiatric services; therefore,
16 the patients who do pay me -- and it is about 90% -- do pay me
17 in cash. Some people do have private insurance plans along
18 with it. I have not had one private insurance plan that would
19 not reimburse them.

20 DR. GALLOWAY: If you do have six practitioners
21 treating one hundred people a week, which means about six
22 hundred treatments, what rates do podiatrists charge?

23 DR. TOLBERT: The fee schedules vary from area
24 to area. An Ontario office call is five dollars. A house call
25 is seven dollars. A hospital call is seven or five. The

VERBALISM REPORTING
SERVICE
TORONTO, ONTARIO

38

DR. GALTOMAY: This is going to be brief if I say something now if it is going to be helpful to you if I say something if I say something to use a helpful basis to discuss it.

DR. GALTOMAY: This is quite true if you see

absenteeism or if it is related to marketability insurance as I think you see in this particular

case, Q.C. 1000

DR. GALTOMAY: I was impressed in the first part

of my thinking that cases would arise. I would if we can say

the Doctor will be concerned of your best interests but in case and receive reimbursement from the insurance company and make arrangements to do so if you apply. As far as I know the best interests of your patient

DR. TOLBERT: I am not

able to answer your question in detail but I can say that the Midasor Medical Services is a physician-managed plan. It does not reimburse plans for other diagnostic services; it reimburses the best interests who do best we -- as best we

can. Some people do have diagnostic insurance in case I help it. I have not had the privilege of doing many things like that in my practice -- as best we

not reimburse them.

DR. GALTOMAY: If you do have six diagnostic procedures

designed one hundred people before a new, which means about six hundred procedures, will take up about a month's time

DR. TOLBERT: The fee schedule area from the Ontario Ministry of Health is to cover all the services. A person can go to see a doctor if he is ill if he sees a doctor if he is ill. The



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

100

1 surgical fees vary with the services.

2 DR. GALLOWAY: This means quite a sum of money
3 that must be found someplace?

4 DR. TOLBERT: It can be quite a burden for some
5 patients and it is.

6 DR. GALLOWAY: It also could become quite a
7 burden to a health insurance plan.

8 MR. COUREY: We have tried, as best we can, to
9 determine whether or not the rates would increase. Now, I
10 do not understand the ramifications of this, but I would think
11 that a patient, if covered by insurance, would be somewhat
12 wont to seek attention from a person, even although he might
13 be qualified and entitled to perform that service, if it meant
14 the paying, in addition to his service, a fee to that particu-
15 lar practitioner. In other words, you can't help but draw the
16 conclusion that these people must seek assistance from persons
17 who are covered to do so. In many cases this might be the
18 doctors in this area, particularly where Windsor Medical is
19 the prevailing insurance program. I do not know that the
20 service which the podiatrist performs takes in any area of
21 practice that is not performed by a doctor or medical practi-
22 tioner. If it is necessary and the patient consults him, I
23 should think that that is precisely where the medical practi-
24 tioner would handle it. What would happen then is that the
25 patient would always have to go, under this scheme, to a doctor

arrange for these extra duty if the service.

DR. GALTOMAY: This measure will be a sum of money

which must be found somewhere

DR. TOLBERT: If you do duty a percentage for some

percentage sum of

DR. GALTOMAY: If this country becomes duty a

percentage of a certain amount of money

MR. COURFEE: We have never had a sum of money so

I think I know what I want to do, but I would like to determine whether or not the loss many losses,

that we have suffered, as well as the cost of repairing

that we have suffered, if it covers all the damage, we may be able to get a better price.

That is the reason we have not yet been able to get a better price.

That is the reason we have not yet been able to get a better price.

That is the reason we have not yet been able to get a better price.

That is the reason we have not yet been able to get a better price.

That is the reason we have not yet been able to get a better price.

That is the reason we have not yet been able to get a better price.

That is the reason we have not yet been able to get a better price.

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That is the reason we have not yet been able to get a better price.

That is the reason we have not yet been able to get a better price.

That is the reason we have not yet been able to get a better price.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

101

1 or to pay twice. By including podiatrists, the rates have not
2 increased in a number of other jurisdictions, even physician-
3 sponsored plans, which have included them in it. It can only
4 be assumed that this comes about by a change of the practitioner
5 dealing with the service. Some patients, and I suspect to the
6 annoyance of some physicians and to the pleasure of many others,
7 seek this service from a podiatrist but to the insurance
8 company I do not think it makes any difference, if they have
9 to pay for this service, regardless of who they pay.

10 DR. GALLOWAY: Do you think there would be any
11 greater utilization of the service if it was insured under a
12 medical health insurance plan?

13 DR. TOLBERT: I think probably there would be,
14 as there has been with all comprehensive insurance plans, such
15 as in Windsor with the Windsor Medical Services. The only
16 thing is I think we would see less of chronic cases and more
17 acute cases and, therefore, treatment periods would actually
18 decline.

19 DR. GALLOWAY: In your hospital practice, do you
20 work as a practising podiatrist or do you work under the
21 direction of some medical person?

22 DR. TOLBERT: In the clinic at Riverview
23 Hospital, it has a podiatric clinic and it is just under the
24 general direction of the staff, as all other plans are. When
25 I go into a general hospital to treat a patient, it is always at

105

or to be a trustee. By investigating bodies etc., the trustee may do
otherwise in a number of other jurisdictions, even privately.
Sponsored buses, which have been mentioned prior to it. If one only
be assumed that this comes about as a result of the classification
existing with the service. Some authorities say I suspect of the
suspension of some trustees due to the bias of such others
seen this service from a bodybuilder prior to the insurance
company I do not think it makes a difference, if they have
done so to this service, regardless of who they be.

DR. GALTOMAYA: Do you think there would be any

greater difficulty to the service if it was handled under a

medical trust insurance plan?

DR. TOLBERT: I think probably before many per-

sonal has been with the compensation insurance firms, now

as far as I am concerned with the Major Medical Service. The com-

pany to which we would see fit to continue sense and more

some cases and therefore, payment before monthly statements

DR. GALTOMAYA: In your opinion, do you

think as a trustee bodybuilder or go for work makes the

direction of some medical practice

DR. TOLBERT: In the office of Rutherford

Hospital, it has a bodybuilder office and if it has a member the

best direction of the staff, as it appears from the case. Mainly

I do take a general bodybuilder to meet a better, if it always



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

102

1 the request of a physician and I never do anything that I have
2 not consulted with him about.

3 DR. GALLOWAY: Thank you very much, Mr. Courey
4 and Dr. Tolbert. I am sure there will be many other questions
5 that will come up. But you have helped me a great deal.

6 DR. HAMILTON: Mr. Courey, in item 6 on page 2,
7 I am not quite clear what is meant at the bottom of the page:

8 "'physician' means a medical practitioner
9 registered as such under The Medical Act... ",
10 and the next part is what I do not understand --

11 "or under the comparable legislation of any
12 jurisdiction outside Ontario in which medical
13 or surgical care or services are rendered to a
14 resident, ..."

15 MR. COUREY: I do not understand that either,
16 but it was in Bill 163 in that manner and I did not wish to
17 alter it in that section. I only wished to include podiatrists.

18 DR. HAMILTON: The second part of this, which
19 states "...and for the purpose of this Act" -- you mean Bill
20 163, presumably -- "the term 'physician' shall include a
21 podiatrist.." Do you mean that there shall be two definitions
22 of physician, one under the Medical Act and one under Bill 163?

23 MR. COUREY: No. For the purposes of this
24 legislation, a podiatrist acting within the scope of his practice,
25 would be entitled to the benefits which accrue to medical

that I had grants of seven I have a basis of a budget of the
 department with some
 Dr. GALTAYA: That's how many more, Mr. CONNELL
 and Dr. DEJEREC. I am sure there will be such other discussions
 that will come up. But you may be asked
 DR. HANEMAN: Mr. CONNELL in fact in the
 beginning of the meeting at the time I
 received the problem is known "dangerous"
 "... it is believed that this name is best suited
 -- hundreds of us I know at this time feel that this
 was the most dangerous situation and others to
 standards holding up certain standards right now
 of themselves are anxious to use language or
 "... and then
 certain basic features of the U. S. CONSTITUTION
 of which the Bill of Rights is the first of the Bill of Rights
 available is evident of course who I think is in this field
 and
 this -- "It is said to be based on the basis..."
 a special kind of "dangerous" -- the first
 unclassified and the media credit that there are classified
 documents and the media credit that there are
 to be released, one under the Freedom of Information Act
 MR. COFFIT: Mr. CONNELL see if you
 can do this and to do this with a minimum of disclosure
 I believe it makes sense to believe of the
 majority of people



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

103

1 practitioners or physicians acting within the scope of their
2 practice. It would seem to be the simplest and most clear way.
3 I refer to the more skilled draftsman to deal with this point.
4 Within the scope of their practice, if this service is to
5 be covered, this is on an equitable basis of persons entitled
6 to perform this service and qualified to perform it, and these
7 people are very well qualified. I find myself somewhat
8 surprised at the qualifications. But they should be entitled
9 to be included and the Act is discriminatory to exclude this
10 service if performed by another person who, by law, is entitled
11 to perform it. It should cover the service and not a single
12 profession.

13 DR. HAMILTON: I have one last question. Where
14 are the faculties of podiatry?

15 MR. COUREY: There are two: The California
16 Podiatric College and the Ohio College of Podiatry. There is
17 also the St. Luke's, a children's medical centre, the College
18 of Podiatry, the Illinois College of Podiatry and I believe
19 there is one in New York. There are five in the United States.

20 DR. HAMILTON: Have all of these university
21 affiliation or sponsorship?

22 MR. COUREY: I believe not. I think many of
23 them started with and are now separate teaching institutions.
24 I do not know that they even all started with -- but they are
25 not today all affiliated with universities.

basecase. If money seems to be the limiting and most often way I prefer to take this sort of test with different types of services to see if the more difficult ones are covered, this is no guarantee that it will perform if, say, the service to be tested is not available. I think this is a very useful technique. But there should be some kind of compromise at the distribution point to be taken into account before the system can be used. If money covers the service and not a large proportion of it, it may be better to have a separate budget for the service. This is the best way to do it.

DR. HAMILTON: I have one last question. Where

are the incentives of bodily injury?

MR. GOURLEY: Under the law, the liability

is divided between the college and the city college of Bodisatria. There is also the St. Pierre's, a religious, a medical centre, the College of Bodisatria, the University College of Bodisatria and I believe

there is one in New York. There are two other universities

MR. HAMILTON: Have all of these universities

MR. GOURLEY: I believe so. I think most of

the students graduate with the same fees as the non-resident students.

I do not know what they even do -- but they are

not exactly the same as the resident students.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

104

1 DR. HAMILTON: Are any of them affiliated with
2 universities?

3 DR. TOLBERT: Not at the present time, no.

4 MR. CASWELL: Mr. Courey, you are really not
5 seriously concerned with having Bill 163 amended to call a
6 podiatrist a physician? I assume what you are interested in
7 is having podiatric services included as far as benefits go
8 under Bill 163?

9 MR. COUREY: Yes, and included if performed by
10 a podiatrist.

11 MR. CASWELL: In the summary you are suggesting
12 that the Act would be changed so that the podiatrist actually
13 would be called a physician; but you are not really concerned
14 with that, are you?

15 MR. COUREY: No, sir.

16 DR. TOLBERT: There is one thing on that. The
17 reason we chose this wording, and it was largely at Mr. Courey's
18 suggestion, was because this is the wording in the Blue Shield
19 Plans in the United States where they define a physician and
20 then they say: "Within his scope of practice, a podiatrist
21 shall be considered a physician for the services covered under
22 this contract."

23 MR. WHITNEY: Of course, that is a contract and
24 not a legislative bill?

25 DR. TOLBERT: That is correct.

1970
1970
1970

MR. WHITNEY: At the end of the classification
with Mr. HAMILTON:

unlawful to do?

DR. THOMAS: Not at the present time.

MR. CASWELL: Mr. Gorman, how are we going to

handle this? I think it's important that we have a
definitive answer now on the interpretation of the
statute as it stands. I would like to know what
is missing before we can move forward as far as
we've mentioned so

the bill is concerned.

MR. COOK: Yes, same question.

a definitive.

MR. CASWELL: At the moment there is no
legislation.

MR. COOK: This is the position of the
Government, that we have no legislation at
present. We are awaiting a decision from the
Court of Appeal on the constitutionality of the
statute.

What first, are you?

MR. COOK: No, sir.

DR. THOMAS: There is one point on which I

would like to make a few observations. In the first place, we choose this word "any" because we
feel that it is more inclusive than "any". The second reason is that this word "any" was
used in the United States where they defined a
"definite and specific" purpose. When the word "any"
is used, it is considered a definite and specific
purpose. It is a definite and specific purpose.

MR. WHITNEY: At course, if it is a definite and

not a legislative purpose



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

105

1 MR. COUREY: I pointed out, from the draftsman's
2 point of view, you will have difficulty in dealing with it in
3 any other way, but we do not object to dealing with it in any
4 other way.

5 DR. TOLBERT: We are not trying to be called
6 "physicians".

7 MR. CASWELL: What you actually want is to have
8 your services included in the Act. It would seem very difficult
9 to recommend that the podiatrist should be called a physician.

10 MR. COUREY: I will leave it with that, except
11 I certainly did not intend that and only where the term is used
12 in this Act, he shall be included, if acting within the scope
13 of his practice.

14 THE CHAIRMAN: Mr. Major?

15 MR. MAJOR: I have no questions, Mr. Chairman.

16 THE CHAIRMAN: Miss McArthur?

17 MISS McARTHUR: I understood that the delegation
18 was tabling the basis on which the opinion that the objection
19 of rising costs was based. They are going to table the
20 documents on which they base what appears to be an opinion on
21 this, on page 2 section 4. Am I correct, you are leaving the
22 basis on which this is based?

23 MR. COUREY: I will leave letters indicating
24 that -- and this is all we have -- that the rates have not
25 increased.

MR. CONNELL: I pointed out, how if the defendant's

at first he will give an affidavit to have different, now with regard to the item, now with regard to the affidavit, was it at first given to me that the defendant would do something to the effect of say

other way.

DR. TOLBERT: We this day failed to be satisfied

"operation."

MR. CASNER: What you suggested was to be done

about services regarding the C.P.R. If many very difficult
questions were raised and there was a possibility of becoming involved in the business, then the defendant would do what he could do to help us to get out of it.

MR. CONNELL: I will tell you

what we were told by Mr. Tolbert. He said that he had been advised by Mr. Tolbert that he would do his best to help us to get out of it.

THE CHAIRMAN: Mr. Tolbert?

MR. CONNELL: I have no desire to; MR. TOLBERT:

THE CHAIRMAN: Miss MacPherson?

MISS MACPHERSON: I am sorry to say

that I have no knowledge of what the defendant did or did not do.

He said that he had been advised to take the

defendant to see Mr. Tolbert, who was then engaged in a conference on behalf of the Canadian Pacific Rail-

way, on page 5 of the

MR. CONNELL: I will tell you

you said when and where -- when we left at this time -- that

he was



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

106

1 THE CHAIRMAN: Are there any other members who
2 have questions?

3 MR. WHITNEY: Mr. Courey, we have referred to
4 the insurance coverages in the United States. There was very
5 little reference to Canadian coverages. In your research, do
6 you find podiatric treatment covered by the carriers or the
7 insurers in Canada?

8 MR. COUREY: Yes. There is an appendix to the
9 brief which we submitted and I can leave, again, with you a
10 list of 29 companies in Ontario.

11 MR. WHITNEY: I remember that now.

12 THE CHAIRMAN: Are there any further questions?

13 MR. MULROONEY: On page 5, paragraph 5, you
14 speak of treatment rendered by podiatrists in certain teaching
15 hospitals in Toronto: St. Joseph's, Toronto Western, St.
16 Michael's, Toronto General and Baycrest. Are podiatrists
17 authorized to have patients admitted to those hospitals?

18 DR. TOLBERT: These are out-patients clinics.
19 We do not have in-patient privileges.

20 MR. MULROONEY: Could you be more specific about
21 the type of treatment that is rendered in these clinics; just
22 what is done by the podiatrist?

23 DR. TOLBERT: In most of them -- in fact in all
24 of them, it is the treatment of skin lesions, particularly in
25 diabetic patients, because they have found that with the treatment

THE CHAIRMAN: At the suggestion of Mr. Justice Mepham, we will now adjourn.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

107

1 of these lesions we have prevented ulcerations, gangrene, and
2 amputations. I understand that minor surgery for nails and
3 for corns is also being done on an out-patient basis in at
4 least one of these hospitals.

5 MR. MULROONEY: In your treatment, do you ad-
6 minister anaesthetics?

7 DR. TOLBERT: Yes, locally.

8 MR. MULROONEY: Local anaesthetics?

9 DR. TOLBERT: Yes.

10 MR. MULROONEY: Cocaine and that sort of thing?

11 DR. TOLBERT: Yes.

12 MR. MULROONEY: Thank you, Mr. Chairman.

13 THE CHAIRMAN: Are there any further questions?

14 Thank you, gentlemen.

15 Are the members of the delegation from the
16 Kent County Medical Society present?

17
18 SUBMISSION OF
19 THE KENT COUNTY MEDICAL SOCIETY

20 Appearances: Dr. A. C. Henderson
Dr. L. J. Shepley
Dr. J. S. Packham

21
22 THE CHAIRMAN: Were the members of this delega-
23 tion present when I read the instructions to the previous
24 delegation?

25 DR. SHEPLEY: Yes.

subsidiaries. I understand that minor charges for itself by its own sales people are not as out-going paid out as for country to also pay for its lease of office property.

MR. MULROONEY: That kind of response do you say -

DR. TOLBERT: Yes, just -

MR. MULROONEY: Leastwise

DR. TOLBERT: Yes,

MR. MULROONEY: Consider any kind of pricing

DR. TOLBERT: Yes,

MR. MULROONEY: That's Mr.

THE CHAIRMAN: Are there any further discussions?

Are the members of the delegation from the

Kang County Methodist Society present?

SUMMISATION OF

Appellants: Dr. A. G. Hengelink

Dr. F. J. Sheldje

Mr. D. C. Gosselin

THE CHAIRMAN: What kind of response do you get from

the present men I mean the representatives of the previous



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

108

1 THE CHAIRMAN: Under those circumstances, I
2 will not repeat them. Who is to be your spokesman?

3 DR. SHEPLEY: Mr. Chairman and Members of the
4 Enquiry: In presenting this brief from the Kent County Medical
5 Society, we do so because we have the feeling that we have had
6 a rather unique experience for the past quite a number of years
7 in that our County has been privileged to share in the develop-
8 ment of Windsor Medical Services because very early after its
9 development here in Windsor we became a branch society or a
10 branch of the Windsor Medical Services. This has enabled us,
11 over the years, to have experience with this service type of
12 plan and, at the same time, we have had the opportunity to
13 witness and experience the application of many other types of
14 insurances applicable to medical care. We have had a sub-
15 stantial number who have, over the years, used the services of
16 the Physicians' Services Incorporated in its development. There
17 have been a number who have had Associated Medical Services
18 coverage and, in more recent years, we have been ~~very~~ pleased
19 to see develop the service type of coverage provided through
20 the Kent Medical Co-Operative. During this time it has also
21 been possible for us to extend the application of the indemnity
22 type of insurance coverage so that we feel we have had an
23 opportunity, perhaps, more unique in this area than in any other
24 part of the province, to see all these types of insurances
25 working together. We have drawn certain conclusions from this

THE CHAIRMAN: Under this item of correspondence, I

will not repeat it. Who is to be your spokesman?

DR. SHIPLEY: Mr. Chairman and Members of this

Committee: In presenting this point from the Kept Medical

body even we have the privilege of the Kept Medical Society

as well as to express our views on the subject of our

present medical experience for the best part of a year

in this our medical experience has been developed

under the Ministry of Health Services extra effort is

desirable here if we can make a personal sacrifice on a

fair basis and still assist the Ministry of Health Services

to carry on its services with extra service for the

basis that at the same time it is appropriate to

minimize and maximize the number of such other tasks of

which a bad case may arise from them of course

is an area where we bear the brunt of the work, especially

the Public Health Services, Services Incorporated and the

Kept Medical Association Medical Services

have been a number who have been given the

coverage and, in more recent years, we have been given the

privilege of being able to do so by the Kept Medical

Co-operative. During this time also the

best possible for us to extend the facilities

we had even we feel as far as we can go

place of insurance coverage as far as we can go

admittedly, perhaps more than any other organization

best of the Province to see the place to which we will

writing together. We shall draw conclusions from this



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

109

1 experience and our recommendations, which we have listed in
2 our brief, which we feel is a very brief brief, are detailed
3 there in order.

4 We would like to emphasize the fact that our
5 brief is not presented with any idea of being in opposition to
6 the brief which would be presented by our parent organization,
7 the Ontario Medical Association, but would be presented to
8 emphasize such aspects of the problems as may be presented in
9 the Association brief and, perhaps, to bring a little different
10 slant on some of the aspects.

11 Primarily, we have come to feel that the
12 coverage should be based primarily on a service type plan.
13 This has come to be the feeling of physicians who are members
14 of our Kent County Medical Society and I do not feel we need
15 to elaborate too much on our reasons for it, except that we
16 have, in our opinion, found that it seems to satisfy the needs
17 of our patients and the needs of the attending physicians in
18 the best way.

19 Now, as a sort of basic philosophy, we have
20 developed the idea that in the provision of medical services
21 by insurance, the financial gain by a corporation or carrier
22 providing this arrangement should not be a motivating factor.
23 This is a philosophy which we have evolved, after watching the
24 experience of both our patients and our own profession, in
25 conjunction with the application of the various types of medical

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5



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

110

1 insurance plans.

2 Now, these are perhaps the chief recommendations
3 that we would like to present for the consideration of the
4 Enquiry. We have some more or less specific suggestions. We
5 do believe that the coverage should be comprehensive and that
6 Schedule B proposed in Bill 163 be deleted. We have several
7 reasons for that, which are listed. But, primarily, we feel
8 that our experience has indicated that, by and large, there
9 are very few people who, in the long run, prefer to have this
10 type of in-hospital only coverage. We have a feeling that the
11 inclusion in the legislation of this may just simply be a bit
12 of cluttering up of the provision of service which we visualize
13 as being the intent of this legislation.

14 We have come to feel, on this basis that we have
15 enunciated, that the premium structure should be community
16 rated rather than experience rated and I guess that sort of
17 ties in with our idea that the service plan type of coverage
18 is what we prefer.

19 We have suggested that there be a three rate
20 premium structure which, I believe there are many others feel
21 should exist, and we have suggested certain specific changes
22 in the Act, which need not be elaborated on.

23 We have also heard a good deal of discussion
24 relative to the proposal of pooling and it seems to be inferred
25 in the Bill, and in discussion relative to it, that some type

Incentive issue

Now, please see the following figure which illustrates

the way we would like to present the compensation of the
CEO. We have some more or less objective arguments.

Firstly, it is important to note that the CEO's compensation

should be based on several factors. We have seen

September B proposed by BII in September 1983, we feel

that the compensation of the CEO should reflect the
current economic situation and the experience

and the level of responsibility of the people who

did a significant job in implementing the relevant

strategic decisions to maintain the company

in the face of a changing market better than other

systems to say nothing about the cost of the firm in the

short term as a result of the changes in the

market environment. I think I have

not succeeded to make being a board member

responsible for the proposal to be taken into account



1 of pooling mechanism which will help to share the costs of the
2 high-cost patient will become mandatory or necessary in some
3 way. We have felt that rather than basing such a pooling
4 mechanism on the idea of originally assessing the individual
5 by previous experience as to whether or not they would be a
6 high-cost case or group, and then putting them in the pool,
7 ahead of actual experience, that pooling can be accomplished
8 very satisfactorily by the carriers pooling after experience,
9 after-experience pooling.

10 We feel that can be a way which would equalize
11 the sharing of the high-cost patients -- and I use the word
12 patients because, after all, it is the individual who counts.
13 We have evolved the actual arithmetical solution for this, which
14 may seem much too simple for the actuaries who might have to
15 actually put it into practice, but we believe, from our
16 experience with management in so many parts of our economy,
17 that management often can be asked to do what seems to be the
18 impossible and they come up with an answer. We think that in
19 actual practice applying the principle of a community rated
20 premium and a single tariff with uniform screening methods for
21 assessing such accounts as may be worked out,

22

23

24

25



G/dpw 1 that the overall cost and the total experience of all the
2 carriers can be summed, and that this corporation, Medical
3 Carriers Incorporated, that is suggested, could be the agent
4 for accumulating these details and assessing them. Then each
5 individual carrier would have its own average cost, its own
6 total cost, and the average cost in a given carrier's
7 experience would vary according to the number of high-cost
8 cases that they might have to actually pay medical bills for.

In others the number, or the proportion of the
high-cost cases might be so significantly small that it would
appear to be a profit, but actually it would mean that the
carriers who had experienced a loss could bill their debits,
their loss, to the pool, and the carriers who had experienced
a profit could credit their profit to the pool, and then the
funds would be distributed in such a way that each one's total
cost would be covered.

17 I may have made this appear too simple, and
18 there may be many questions which would be applicable, but we
19 are of the opinion that any pooling on a pre-experience basis
20 could not but ultimately force all the carriers toward what we
21 have suggested. We might just as well start that at the start,
22 and that's a community-rated premium structure.

23 I think that's all I have to say, thank you.
24 Mr. Chairman.

25 THE CHAIRMAN: Some of the members of the

- 8887 add - 3M



1 Enquiry will want to ask you questions. Miss McArthur?

2 MISS McARTHUR: I have a very simple one,
3 although it was a question of definition.

4 We notice you have a similar discussion, No. 16
5 on the last page, to one which will be presented this after-
6 noon. Since this Item 6 under Schedule A suggests that newborn
7 infants might be exempted, we would like to have your opinion
8 as to why you suggest that this be not included, and I think
9 some of the members of the Committee would be interested in
10 your definition of a newborn infant.

11 DR. SHEPLEY: Mr. Chairman and members of the
12 Enquiry: we felt that this didn't quite clarify what might be
13 understood in one area, and in other areas another understan-
14 ding might arise, and so, when you say newborn-infant care,
15 we couldn't just feel that that was clear enough to really
16 have satisfactory meaning, because it might mean in somebody's
17 idea just the in-hospital well-baby care, performed by any
18 physicians, or it might mean the care of a new baby, who is
19 sick during its time shortly following birth, or it might be
20 interpreted to mean the care of the newborn for weeks or
21 months, and specifically also we felt that this might be
22 interpreted to mean that if an obstetrician delivered the
23 baby, and he turned the care of the baby over to a paediatrician,
24 that the paediatrician might be entitled to make a
25 charge for the newborn care, whereas the physician who

End-of-life will come to us all on due notice. Miss Maierjuni?

MISS MARYARTHUR: I have a very simple one.

Stipends if we as a class go to definition

We notice you have a similar discussion, No. 16
on the last page, to one which will be pleasureful plus differ-
ent. Since this item is under Separate State members
now. Since this item is under Separate State members
now. We would like to have your opinion
as to what our answer first time to be most fitting, and I think
it would be best to let the Committee many be interested in
some of the members of the Committee many be interested in
your definition of a member.

DR. SHERPLIERS: Mr. Goss

Mr. SHEPHERD: Mr. Chairman and members of the



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

114

1 delivered the baby would not be able to make a charge for new-
2 born care, whether it was ill or well.

3 We felt that it would be better to leave this
4 right out, and it could be an item which could be better
5 arranged for through the Ontario Medical Association's tariff,
6 so that if the time were to arrive when the obstetrical fee
7 should not include the in-hospital immediately post-delivery
8 newborn baby care by the attending physician, it could be so
9 spelled out in the tariff, and to include it specifically in
10 legislation ties the hand of anyone who might subsequently be
11 performing the newborn infant care, it being a problem if such
12 a baby were delivered and there was nobody else to deliver it,
13 and he chose to look after it himself.

14 MISS McARTHUR: That's a few reasons.

15 MR. CASWELL: Doctor, you tell us, or it's my
16 understanding, that the Kent County Medical Society is
17 composed of doctors who are practising in the county.

18 Is there some restriction on a practising doctor
19 becoming a member of the Kent County Medical Society?

20 DR. SHEPLEY: No, it's a voluntary membership.
21 The members of the Society are those who voluntarily band
22 together to form the Kent County Branch of the Ontario Medical
23 Association.

24 MR. CASWELL: I'm asking this because it would
25 appear from your brief, and from the information that we have,

deficiency the spa many not be safe to use for new
pains case, whether it is ill or well.
and ease to leave this

right out, and if nothing else can be done
is strong for trying the Osteo-Medical Association's suit
to pass it the time more to save him the expense
nothing but trouble for him personally to do so
newport spa case at the beginning probably the best
inability to judge if he could do so
believe out of it is the family, and the belief
relief from the disease and might spread himself
bettering the health of his family if he can
a spa more difficult to find it easy to say

say he chose to look after it himself.

MISS MARSHALL: Miss's a few reasons.

MR. GARDNER: Doctor you tell me to take up

unhappiness, this the next door to a modesty
embarrassed of geofors who are neglecting to the country
is there some reason or a dissatisfaction
becoming a member of the New County Medical Society?

the members of the Society are those who voluntarily send
pledges to form the New County Branch of the Osteo-Medical
Association.

MR. GARDNER: I'm asking this because

ever we talk about the formation of a new



1 that this service has been reasonably satisfactory, so I find
2 it difficult to understand why 25% of your practising doctors
3 would not be associated with your Society.

4 This seems to be a fairly high percentage of the
5 doctors practising in the county who would belong if there was
6 not something wrong somewhere. You say four honorary members,
7 and you have 70 out of 84 who are practising members belonging
8 to your Society, so in other words, you have 20% that do not
9 belong. You've got 70 active, you say, and you have 14 prac-
10 tising doctors who don't belong?

11 DR. SHEPLEY: Four are honorary members.

12 MR. CASWELL: Well, I'm not counting them.

13 DR. SHEPLEY: The honorary members also practise.

14 MR. CASWELL: Oh, well, I assumed that they
15 didn't practise.

16 DR. SHEPLEY: They are honorary members awarded
17 honorary membership in our Society because of long standing,
18 very fine association with our profession.

19 MR. CASWELL: Well you still have ten who do
20 not belong for some reason or other.

21 DR. SHEPLEY: Yes.

22 MR. CASWELL: You are suggesting, in No. 6 on
23 page 6, that the physician and his patient are interested, not
24 in sound underwriting, but rather in giving and receiving
25 medical care, and it would seem to me that both the patient

about this service has been reasonably satisfactory, so I find it difficult to understand why SPC or your classification goes for many not be associated with your Society. This seems to be a fairly high percentage of the members who were assigned to some other country and probably the reason is that our base 10 out of 84 who are classified members belong to your Society, so in other words, your base 20% that do not belong. Your base of 1000 soldiers, your 2000, and your base 1000 before.

listed below are who have been deployed

DR. SHEPHERD: How are the nonresident members.

MR. CASWELL: Oh well, I assumed that they

didn't classify.

DR. SHEPHERD: They are nonresident members who belong to our Society because of long standing, honorary membership in our Society with our classification.

MR. CASWELL: Well, how shall we say who do

not belong for some reason or other.

DR. SHEPHERD: Yes.

MR. CASWELL: You are suggesting, if No. 6 on page 6, first of all that you said this before the interview, not in sound understanding, but rather in giving and receiving a written statement, and if nothing was said to me that sort of the before



1 and the physician have to be interested in sound underwriting,
2 whether this service is going to be paid for by the employer
3 and the employee, or by the patient and the Government, or by
4 the Government itself. Ultimately, the patient and the tax-
5 payer is going to be paying for it, and unless he is interested
6 in the underwriting of the scheme, it isn't going to be very
7 practical, I think.

8 DR. SHEPLEY: I think that it is most important
9 that one read this in context. We feel that basically the
10 physician and his patient are not interested in the insurance
11 underwriting principle so that a profit can be made. We are
12 interested in sound underwriting so that the arrangements can
13 be made so that both the giving and receiving of medical care,
14 if needed, can be arranged for, and that it can be paid for.

15 The important phrase there is:

16 "...so that a profit can be made..."

17 We, as I said before in my introductory remarks,
18 do feel that the profit motive should not be an impelling
19 aspect of the development of medical insurance.

20 MR. CASWELL: Of course, this is going to be
21 controlled by the competitive nature of the carrier service.
22 It's going to be a minimum rate, and a competitive service.
23 It's not going to be given by one carrier, and that, to a
24 large degree, is going to control the profit ratio.

25 DR. SHEPLEY: We are interested in sound

In the underwriting of the scheme, it will be very
specific, I think.

The importance of this figure is that it provides a clear visual representation of the relationship between the two variables.

as I was. I have been offered a position at the University of Alberta.

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VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

117

1 underwriting, but not so that a profit can be made by a carrier.

2 Does that explain our position?

3 MR. CASWELL: Yes, I know exactly what you are
4 saying, but I don't think that you, as a physician, or I, as a
5 patient, can expect that a carrier is going to provide the
6 service without a reasonable profit. I don't think that's
7 fair to expect.

8 THE CHAIRMAN: I think that Dr. Shepley has
9 registered his point, and we don't want to debate it.

10 DR. HAMILTON: Dr. Shepley, there's just one
11 question I have to ask. It's under Item 5 in your recommenda-
12 tions:

13 "That the totally subsidized should be
14 covered by an extended Medical Welfare
15 Plan."

16 Would you please tell me why you make that
17 recommendation?

18 DR. SHEPLEY: We believe that if the state is
19 entering into arrangements for the provision of opportunities
20 for people to have their medical services covered, the cost of
21 their medical services covered, that those who are medically
22 indigent, totally subsidized, shouldn't be in the position
23 that when they are admitted to hospital they should there
24 find themselves in a different position, that they, as they
25 have now, should have their medical welfare coverage, as

Does this express our position?

MR. CASWELL: Yes, I know except what you see

saying, but I don't think this can be a proposal or I, as I say, can't accept first a outline to follow to provide the service without a reasonable benefit. I know's think this is a

THE CHAIRMAN: I think first Dr. Sheffey has

reached the point, and we have to agree to do it.

DR. HAMILTON: Dr. Sheffey, please, I just one

This is the possible responsibility among us

covered by an expanded Medical Welfare

Many have already felt the way you make this

recommendations first?

DR. SHEFFEY: We believe this is the same as

turning into substantiation for the movement of other professions to the people to have their medical services covered, the only difference being that the medical services covered will

turning, possibly, somewhat simplified, so that the position

that men they are entitled to receive upon payment

any payment in a different position, such as pay

base now, among those other medical coverage, as



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

118

1 through our Medical Welfare Plan, the Ontario Medical Associa-
2 tion's through the Department of Welfare, and by extending
3 their benefits to include those of the comprehensive plan in
4 hospital, as well as out of hospital, the individuals then
5 have their medical coverage as private patients both in and
6 out of hospital.

7 I'm very keenly aware of the problems concerning
8 the teaching hospitals.

9 DR. HAMILTON: That was really not relevant to
10 my question, Dr. Shepley. My question was really directed
11 towards finding out if you meant by this that the indigent
12 patients should continue to be treated under the Welfare Plan
13 as presently operated by the Ontario Medical Association?

14 DR. SHEPLEY: I do.

15 DR. HAMILTON: They would have no choice in
16 regards to their insurance, but they would receive the same
17 benefits, meaning then that the Ontario Medical Association
18 would be operating as an insurance carrier.

19 Is that what you mean? They would then be in
20 competition with the insurance companies providing coverage
21 under the Act?

22 DR. SHEPLEY: It's our feeling that the Govern-
23 ment felt an obligation for the provision of medical
24 care to the totally indigent,
25 and that over the years this has been done out of hospital

throughout Medical Welfare Bills, the Ontario Medical Association
is now, as far as the Department of Welfare, and by extension
their benefits of making use of the comprehensive plan in
possible, as well as out of possible, the liability
leave their medical coverage as private benefits from the
out of possible.

I'm very much aware of the problems concerning

the separate possible.

DR. HAMILTON: That was really the reason of

my draft, Dr. Sherrill. My decision was really this: if
possible finding out if you were paying this the
best place would be under the Welfare Fund
as presented by the Ontario Medical Association?

DR. SHELLY: I do.

DR. HAMILTON: If you would have no objection in

terms of their insurance, but they would receive the same
benefits, making over to the Ontario Medical Association
would be satisfactory as an insurance company.

If it's not acceptable, there would be in

connection with the insurance covering broader coverage

under the Act?

DR. SHELLY: It's all settling part of the question

that left as obligation for the province to make

use of the postal fund.

and that over the years this has been one of possible



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

119

1 through its association between the Department of Welfare and
2 the Ontario Medical Association, and that we here in Kent have
3 felt that this has worked very well. We have been under the
4 impression that it has provided an opportunity for the indigent
5 patient to receive medical care, and at the same time the physi-
6 cian to be compensated through the Medical Welfare Plan which
7 is our professionally-administered arm, so to speak, of the
8 Department of Welfare, a department of government,
9 and we just felt that where government was endeavouring to
10 extend the care it may well extend the benefits in its Medical
11 Welfare Plan.

12 We believe that the Medical Welfare Plan should
13 be continued as the means for the provision, through the Depart-
14 ment of Welfare, in conjunction with the Ontario Medical Associa-
15 tion, of care of the totally medically indigent.

16 DR. HAMILTON: But the same benefits would be
17 available to the individuals in the Medical Welfare Plan as
18 those who purchase their insurance plan from some other agency;
19 is this what you mean?

20 DR. SHEPLEY: Yes.

21 DR. HAMILTON: Thank you very much.

22 DR. GALLOWAY: I would like to go one step
23 further, and ask a question of the doctors, whether or not
24 their interest is in the patients receiving the care and that
25 the doctors receive payment for the care.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

120

1 What would be the advantage of the Ontario
2 Medical Welfare Plan over some other institution taking
3 over the administration of this, if this was let out on a
4 tender, for example, to one of the major insurance companies,
5 would you have any objection to this?

6 DR. SHEPLEY: Mr. Chairman, we've felt that
7 experience is a great teacher, and the experience, we believe,
8 of the Department of Welfare and our Association have been
9 extremely satisfactory in the provision of the arrangements
10 for the medical services to the indigents out of hospital,
11 and for the payment for these services by government through
12 the Medical Welfare Plan, and we visualize that this could
13 very well be a means by which government could, on its behalf,
14 most satisfactorily arrange for the extension of the coverage
15 to the in-hospital care of the medically indigent people.

16 You ask what my opinion would be if they were to
17 sell it out to another carrier. I wouldn't like to see that
18 happen myself, personally. I believe the members of our
19 Society have felt sincerely that the present Medical Welfare
20 Plan has worked so appropriately that we could visualize it
21 continuing to operate appropriately just by extending the bene-
22 fits.

23 MR. NAYLOR: Dr. Shepley, you have recommended
24 the service type of plan, on the basis of what you have seen
25 of the operation of service-type plans, and indemnity plans,

and many of the advantages of the Ontario
Medical Welfare Plan over some other insurance plan
over the administration of plan, it this was just one of a
number, for example, to one of the major insurance companies.
Many have the same objective of plan.

DR. SHEPHERD: Mr. Chairman, we've left this

experience is a basic factor, and the experience we believe
of the Department of Welfare and our Association have been
extremely satisfactory in the treatment of the administration
for the medical service to the indigent up to now.
and for the benefit of the service by Government programs
the Medical Welfare Plan, and we believe this kind of
very well be a means of proper coverage for the county, or the province,
most satisfactorily suited to the members of the community
to the non-medical people.

You ask what my opinion would be if they were to
sell it off to another operator. I would prefer to see that
personally. I believe the members of our
Society have told us the present Medical Welfare
plan has worked so satisfactorily that we could introduce it
continuing of course, satisfactorily, but by expending the pen-

121

MR. MAYHOR: Dr. Shepherd, your basic recommendation

the service plan of this, on the part of the local government
of the operation of service-plan business, and individual business



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

121

1 side by side.

2 I wonder if, perhaps, you have reached that
3 conclusion because, perhaps, in many cases, a service-type
4 plan is paying the full costs, whereas the indemnity-type
5 plan, in many cases, might be something less than the current
6 scale of fees, and if we had an indemnity type of plan which
7 paid the full current scale of medical fees, would you then
8 still feel that there was any reason for preferring a service-
9 type plan?

10 DR. SHEPLEY: Mr. Chairman, our experience has
11 been in our county where we have had the opportunity to see a
12 substantial number of people with service plans, and more
13 recently people with indemnity plans, and to practise medicine
14 in that set-up, that we came to the conclusion that people
15 like the service plan way of coverage better, and we like it
16 better.

17 I don't feel that the actual failure of the
18 indemnity type of plan to cover the total fee was the primary
19 factor in making the decision. The position was more one of
20 ease, and the type of arrangement whereby the patient had
21 really no forms to be taken to the doctor, and no dealings,
22 other than just paying his premium to the carrier.

23 The whole thing seems to work more than satis-
24 factorily on the basis of the plain service type of coverage,
25 and if we get back to the basic philosophy, which we are

I wonder if, perhaps, you have received any
congratulatory message, perhaps, in many cases, a serviceable
present to satisfy the full costs, whereas the telephone
bill to many cases, might be something less than the amount
cost of fees, and if we pay as indicated above to the Municipality
bill the full amount being a definite loss to our union
and the best part of it was due to reflecting a service
charge.

DR. SHEPHERD: Mr. Chairman, our organization has
had a good deal of difficulty in getting the telephone
bill to our country where we have paid the telephone
bill to the municipality.

MR. CHAIRMAN: DR. SHEPHERD: We have had the same
difficulty in getting the telephone bill to the municipality
where we have paid the telephone bill to the municipality.

DR. SHEPHERD: We have had the same difficulty in getting the telephone
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MR. CHAIRMAN: DR. SHEPHERD: We have had the same difficulty in getting the telephone
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bill to the municipality.

MR. CHAIRMAN: DR. SHEPHERD: We have had the same difficulty in getting the telephone
bill to the municipality where we have paid the telephone
bill to the municipality.

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bill to the municipality where we have paid the telephone
bill to the municipality.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

122

1 somewhat steeped in here, I believe that was evolved when
2 Windsor Medical began this service type of insurance.

3 MR. NAYLOR: Thank you, Dr. Shepley. You have
4 suggested that a community rate system should be used, and also
5 a simple pooling method, which, as I understand it, would seem
6 to involve all the insurance being put into the one big pool
7 also. It does seem to me that that kind of a pooling arrange-
8 ment would work out equitably only if all carriers charged
9 exactly the same premium rates, and I wonder, therefore, if I
10 understand your suggestions correctly, as it seems to me they
11 would involve the regulation of premium rates to the point
12 that all carriers would charge uniform rates, and all competi-
13 tion would be removed.

14 Is that what you mean by your proposals?

3 15 DR. SHEPLEY: Ostensibly it comes down to the
16 belief that the premium charged for the plan provided by a
17 regulation under the Act would be the same charge by all corpo-
18 rations, all carriers, and I think we feel that it would ulti-
19 mately come to that after experience.

20 DR. BUTT: My first question had to do with the
21 interpretation of pooling, as opposed to reimbursement, or
22 opposed to re-distribution after a certain length of time.

23 I presume that after one year, whether you are
24 forecasting or not, you are basing it on the statistics, so
25 that you have your statistics on which the actuarial pooling

Worship services will be held at 10:30 a.m. on Sunday, June 10, at the First Baptist Church.

• may be taken.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

123

1 would be carried out.

2 The other thing is you do feel that the pooling
3 is, shall I say, something satisfactory, and something worth-
4 while; is that correct?

5 DR. SHEPLEY: Prefacing our reply on the philo-
6 sophy that it's post-experience, not pre-experience, rate.

7 Pre-experience rating picks out a group, I
8 understand, and says, "These are in experience a high-cost
9 group, so we must put them in the pool," whereas actual
10 experience would make it possible to determine the exact costs
11 of the high-cost groups of people.

12 DR. BUTT: I think you're saying the same thing.
13 After one year's experience either way?

14 DR. SHEPLEY: Yes.

15 DR. BUTT: You dealt with the Medical Welfare
16 Plan, and I'm not quite sure whether you answered Dr.
17 Hamilton's question; namely, could anybody else handle it?

18 The other point that I wanted to ask you was,
19 do you realize how the Medical Welfare Plan, or can you tell
20 me, receives their payments for premiums, or in lieu of premiums,
21 and how it is distributed to the physician? Can you give me
22 your interpretation of this, and whether this would change the
23 situation, or whether the situation would be changed by this
24 Act if the premiums were paid?

25 DR. SHEPLEY: Mr. Chairman, Dr. Butt is very

now bring ed outside out.

The other thing is how do you do first place the boogling

Wright is first objective.

DR. SHEPHERD: Breathing and stuff on the bridge

so you type if it's a back-extension, not back-extension type

understanding, say as it, "Please sit in a high-low

position, so we want back pain in the body," whereas saying

experiments would make it possible to determine the back

of the high-low backs of people

DR. BUTT: I think back saying the same thing

After one test, a subjective answer may

DR. BUTT: And then with the Medical Model

list, and I'm not quite sure whether you answered DR.

Hawthorne's definition; saying everybody else might be

like other backs that I managed to say you were

do your best like you the Medical Model, or only your best

we receive after treatment, or the first of treatment

and how it is determined to the back, and give me

your interpretation of this, the member can now discuss the

situation to another, the interpretation can be discussed by just

one if the premises were both

DR. SHEPHERD: Mr. Garrison DR. Butt is a



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

124

1 cognizant of the way in which the Medical Welfare Plan
2 derives its funds by the Ontario Medical Association negotia-
3 ting with the Department of Welfare, and arranging for a per
4 capita contribution, a per indigent, to the medical Welfare
5 Plan per month, and on that basis there's so much money put
6 into the fund, and then this is distributed by the Medical
7 Welfare Plan to the physicians who render the service, and
8 the distribution is based on the tariff of the Ontario Medical
9 Association, but not necessarily has it been possible to make
10 full payment for the services on a hundred per cent of this
11 tariff. This has been pro-rated as experience necessitated
12 according to the amount of money which has become available in
13 this Medical Welfare Plan, and one can certainly see the possi-
14 bility that such a - you can call it premium or per capita
15 contribution, could not be negotiated at such a level as
16 would make it feasible for the profession to continue to
17 participate in the Medical Welfare Plan, and yet we have felt
18 over the years that experience has been such that the Associa-
19 tion has been able to negotiate in a very friendly manner with
20 government, and come up with something that was quite
21 reasonable.

22 DR. BUTT: My question, specifically, I think,
23 was that if the benefits are equal to any other Schedule A
24 which you suggest, and the premiums are changed for that, does
25 this change your thinking?

congressional of the new in which the Methodist Welfare Fund
-society has funds at the Ontario Methodist Association meetings
which will be distributed for a better
education of Methodists, and arranging for a better
education of the congregation, a better intelligence, to the Methodists, and
thus the fund, and the pastor's salary, so money would bring
Methodist Fund to the players who render the service, and
the distribution is based on the Ontario Methodist
Association, but not necessarily has it been possible to make
itself available for the service of the church or the community
but it is based on a popular belief that there is
no need for a separate organization to be established
first. This was seen by those who became satisfied in
the amount of money which has become available since the
Methodist Welfare Fund, and one can certainly see the possibility
of such a fund as - now also if it becomes or the objects
as level as now as now a level as
contribution could not be necessary at all times to
make such a fund if it is possible for the distribution of contributions to
be distributed in the Methodist Welfare Fund and help the poor left
over the year after deduction for need than that the Association
then has been able to do in a very friendly manner with
benevolence, and come up with something that was done

DR. BELL: My association specifically I think

was this if the pensioner is the first to the other pensioner
and your suggestion, and the remainder are the same for the case, does

put a charge upon gratuity?



1 DR. SHEPLEY: It doesn't change my thinking.

2 DR. BUTT: All right. Thank you.

3 DR. SHEPLEY: I'm happy with the arrangements.

4 MR. WHITNEY: Dr. Shepley, I first want to
5 state, leading up to my question, as a personal reaction that I
6 have been personally impressed with the amount of medical aid
7 that the profession does give. I think the general public,
8 like myself, doesn't realize the extent of it. I think the
9 medical profession has done an excellent job under the Welfare
10 Acts, there are seven of them listed on the back of the Bill,
11 to extend this medical aid, and there has been some talk, as
12 you have mentioned, about whether this should stay under the
13 Medical Welfare Plan.

14 Putting the question, I think it's pretty much
15 Dr. Butt's question placed another way, there will be more
16 indigents likely, not created, but found to be included in
17 this plan as it becomes better known, and so on. The account-
18 tants have given us some figures that indicate that there will
19 be an increase in the welfare patient.

20 Are you suggesting that the continued subsidiza-
21 tion of this ever-growing group by the medical profession
22 should be continued, or should the premium, however it is
23 collected, whether it is paid out of tax money, or wherever
24 it comes from, should now be raised to the level where subsi-
25 dization of what the medical profession is doing will be

151

DR. SCHREIBER: If does not oppose me completely.

Mr. MULHOLLAN: Dr. Schreyer, I think we'd do

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VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

126

1 lessened, and these welfare patients' services should be pretty
2 much brought up to the O.M.A. Schedule?

3 Has this entered your thinking? I just want an
4 expression of your feeling.

5 DR. SHEPLEY: It has been our feeling that over
6 the years the provision of in-hospital care without charge to
7 the indigent group has not been too great a burden, but we have
8 been concerned about the extension into more and more aspects
9 of our social welfare, and we believe that it should be
10 expected that in the development of the present legislation
11 and its basic principles the coverage for medical compensation
12 should extend in some way.

13 We haven't been too concerned about the degree.
14 It should extend in some way to take care of medical services
15 in hospital to the totally subsidized group.

16 MR. WHITNEY: My second question is this: when
17 you suggest the deletion of Schedule B, are you really sugges-
18 ting we don't need it, and should cover it all under Schedule
19 A?

20 DR. SHEPLEY: Yes.

21 MR. WHITNEY: I see. So that whether the
22 services are performed in hospital or out of hospital it
23 would be the same thing?

24 DR. SHEPLEY: That's right.

25 MR. MULROONEY: I understand, Doctor, that the

which prolonged up to the O.W.A. September?

Has this entered your markings? I have made an

expression of your feeling.

DR. SHEPHERD: If we need our leatherings just over

the basis of the position of the majority some support might be given to

the suggestion among us not need too much a program, but we have

been considering about the expansion of our more specific

of our society members, and we believe this if showing the

development of the present legislation to the benefit of the community

and the public welfare, the coverage for health compensation

. was in some way.

We never'd need for compensation about the degree.

If should extend in some way to some extent of medical services

in regard to the positive application which

MR. WHITNEY: My second question is this: when

you suggest the definition of negative B, the law itself suggests

that we have been if, and should cover, if all under Schedule

RA

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MR. WHITNEY: I see. So far as member of the

service the following is possible to do of possibility if

money be the same things

for the same thing

MR. MURCONNEY: I understand Doctor first the



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

127

1 Kent County Medical Society is a component of the Ontario
2 Medical Association; is this correct?

3 DR. SHEPLEY: Yes.

4 MR. MULROONEY: Can you tell me whether the
5 recommendations, and specifically, the recommendation with
6 regard to the subsidized people, is the policy -- are you
7 expressing, if you like to put it another way, the opinion of
8 the Ontario Medical Association, or are you speaking only for
9 your own Society?

10 DR. SHEPLEY: Mr. Chairman, can I ask Dr. Pack-
11 ham to reply to that?

12 THE CHAIRMAN: Certainly.

13 DR. PACKHAM: You are speaking of Item 5 of the
14 recommendations

15 MR. MULROONEY: Specifically, yes.

16 DR. PACKHAM: Well, this is the opinion of the
17 Ontario Medical Association also.

18 MR. MULROONEY: One further question, Mr. Chair-
19 man. I wonder whether the recommendation is based on the idea
20 that medical doctors should be compelled to continue to provide
21 some measure of their services gratis? That is, to accept some-
22 thing less than the present schedule of fees for the care of
23 the indigents.

24 This is an act of charity. This seems to be
25 implicit in the suggestions so far.

Medical Association; if this course?

DR. SHEPHERD: Yes.

MR. MULHOLLAND: And you tell me whether this

recommendation, and specifically, the recommendation with

regards to the suitability of the body -- this you

expressing, if you think of any other way, the opinion of

the Outstate Medical Association, or the one speaking only for

your own Society?

DR. SHEPHERD:

Well, I can't say to you

if I can't say to you

DR. FAGIOLINI: You are speaking of the

recommendation

MR. MULHOLLAND: Specifically, yes.

DR. LACKHAW: Well, this is the opinion of the

Outstate Medical Association at all.

MR. MULHOLLAND: One member division, Mr. Gandy

says that the newspaper reporter who recommends this is based on the idea

that most medical societies should be compelled to change

some measure of their activities to accept some

group less from the disease conditions to less for the care of

the indigent.

ed to some extent. This seems to be

typical in the suggestion so far.



4 DR. SHEPLEY: I think, Mr. Chairman, that our
1 reaction to that would be that our first recommendation is the
2 one that we really feel underlines our whole philosophy, that
3 legislation should avoid interference with doctor-patient
4 relationship, and in that relationship there is no compulsion.
5

6 MR. MULROONEY: Thank you.

7 MR. SIMON: Doctor, you speak, in your brief,
8 about comprehensive and extended care. Can you give us a
9 definition of what you mean by comprehensive care? Would
10 that include nursing care, medicine and rehabilitation services,
11 and things of that kind, or is it narrowed to something else?

12 DR. SHEPLEY: Essentially Schedule A.

13 MR. SIMON: You're referring to Schedule A of
14 the Bill?

15 DR. SHEPLEY: Yes.

16 MR. SIMON: Talking about community pooling,
17 can you visualize the situation where in some centres in
18 Ontario there are a lot of retired people, older people, and
19 if you pool them only on a community basis, you would have a
20 higher cost for their medical care in certain communities, as
21 compared to others where there is an average age group?

22 DR. SHEPLEY: Just to avoid that problem, we
23 really mean by community rate, community rate is provincial,
24 province-wide.

25 MR. SIMON: You weren't too clear in the

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1 language.

2 MISS CARPENTER: Under the Medical Welfare Plan
3 as it is currently operated, does the physician know when he
4 is treating a patient that the patient is medically indigent?

5 DR. SHEPLEY: Mr. Chairman, yes, we do.

6 Patients come to us and present a medical identification card,
7 or a voucher.

8 Now, there are many instances when the relief
9 recipient in the local municipality may appear, and not present
10 a medical identification voucher, and we may not know for
11 several weeks, or months, that they have been receiving municipi-
12 pal relief, and that they are entitled to their medical care
13 through the Medical Welfare Plan.

14 But, by and large, the great majority of these
15 identify themselves with the physician by presenting a medical
16 identification voucher, or card, which we, as participating
17 physicians in the Plan, will sign, and send into the Medical
18 Welfare Plan.

19 MISS CARPENTER: I was wondering -- a second
20 question -- is it in the best interests of the patient that he
21 is identified as an indigent individual?

22 DR. SHEPLEY: I think it is.

23 MISS CARPENTER: Why?

24 DR. SHEPLEY: There are two reasons. I think
25 that in all of us there is inborn a sense of human charity;

language.

MISS CARMENTER: Under the Missouri Welfare Plan

as if it is sufficiently obnoxious, does the Department now apply for a limitation of admissions if they can't find enough

DR. SHEPPERT: Mr. (Interruption, Yes) As do

believe come to us any present a medical interpretation so I
do a proper.

tell me who was constant with me

now, please this would be
receiving in the first instance, a very proper, and not necessary

a medical interpretation or operation, and we may not need for

several weeks, or months, just until you have had time to
see them out of bed, and after that, and tell

perform the Missouri Welfare Plan

But, by the time, the diagnosis will

sufficiently pronounced with the exception of a minor
interpretation or operation, as best, as least, as possible

brought in the first, with him, and send him the hospital

MISS CARMENTER: I was managing -- a case

and found out to be people that in it if it is -- if it is dependent upon the appearance of certain symptoms

DR. SHEPPERT: I think it is

DR. SHEPPERT: There is no provision

part of it all to the person applying



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

130

1 and the other is that from a practical point of view you just
2 don't send him a bill.

3 THE CHAIRMAN: I'm sorry. I didn't hear that.
4 From the practical point of view you what?

5 DR. SHEPLEY: You just don't send him a bill.

6 MR. CASWELL: Doctor, it has been brought out
7 here that over the years the medical profession have subsi-
8 dized the welfare cases, and this we know is true, and it's
9 also been brought out that under Bill 163 it's very likely
10 that indigent, or welfare, cases will substantially increase,
11 and if such were the case, and the medical profession were paid
12 100%, they were not called upon to subsidize, there would be
13 a lot more cases, and they would get 100% fee.

14 Would this, then, result, do you think, in a
15 lowering of the schedule of fees of the Ontario Medical Asso-
16 ciation, because of the larger volume paying 100% of the cost?

17 DR. SHEPLEY: Mr. Chairman, I think we, as a
18 Branch Society, discussed the aspects of this, and I feel it
19 would be a matter which would more appropriately be directed
20 to the Ontario Medical Association when they present their
21 brief.

22 MR. CASWELL: Thank you.

23 DR. GALLOWAY: I wanted to make sure that all
24 these recommendations aren't being referred to as those of the
25 Ontario Medical Association, but just No. 5. They aren't



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

131

1 necessarily the recommendations of the Ontario Medical Associa-
2 tion.

3 DR. SHEPLEY: No, none of them are necessarily
4 the recommendations of the Ontario Medical Association, but I
5 think we said in the opening remarks that where they are
6 recommended by other organizations we present them for consid-
7 eration on their own merit, or to emphasize those presented
8 by any others.

9 DR. GALLOWAY: Somebody asked the question
10 whether No. 5 was the opinion of the Ontario Medical Associa-
11 tion, and I suspect it likely is. I suspect that many of the
12 others aren't.

13 For example, you've had a very unusual
14 experience, you said, with the service-type plan, and for this
15 reason you've recommended the removal of the Schedule B cases,
16 and in support of this you have made several comments regarding
17 hospitals and admissions in No. 9. In other areas of the
18 province I'm sure there has been a satisfactory arrangement
19 between physicians, patients and insurance carriers who use
20 the indemnity type, and others are only catastrophic coverage,
21 such as Schedule B offers for them, only because they want
22 that particular type, and we don't know, and I'm sure you can't
23 tell us, what that percentage of people is.

24 Do you think it would be wise to limit the rest
25 of the province in view of your experience here?

tion.

DR. SHELDY: No, none of them are the decessaries

the recommendations of the Ontario Medical Association, part I think we said in the opening remarks that where there recommendations by other organizations we brought them to our committee

by you operates.

DR. GALTOMAY: Somebody safety the decessaries

member No. 2 was the division of the Ontario Medical Association, now I suppose it might be I aspect of the division, say I suppose it might be

operates similarly.

Not example, nor have had a very unusual

experience, nor said, with the service-type bill, and for this reason have recommended the removal of the boundaries of access, and to support of this nor have recommended severest consequences regarding

possibilities and simplification in No. 2. In other sense of the

problem I'm sure there has been a satisfactory arrangement

between physicians, dentists and insurance companies who has

the problem a little, and operate the out-of-hospital care under

such as Schedule B offices for power outages from time

that's best to put off, and we do it now, and I'm sure you can tell me, what first response of those

tell me, what first response of those

Do you think if most of the time the last

of the problem to allow of your experience past



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

132

1 DR. SHEPLEY: Mr. Chairman, in answer to that
2 we felt that we should present this as our opinion following
3 our experience, recognizing that it would be stacked against
4 the opinions expressed by other areas, and that the Enquiry
5 in its good judgment, would then assess all of these attitudes
6 and ideas, and by so doing come up with what we would, I'm
7 quite sure, feel would be the best after assessing all of
8 these.

9 We don't believe that ours is the only one.
10 We believe that it should be considered side by side with
11 other briefs, other ideas, other presentations, and from our
12 experience this has been our feeling.

13 Following assessment of the broad areas of the
14 province, it may very well be that our experience here is not
15 applicable elsewhere, but nevertheless we feel that what has
16 happened should have a bearing on the opinion of the Enquiry
17 in assessing the overall situation.

18 DR. GALLOWAY: That was very well answered, Dr.
19 Shepley.

20 The only other point I would like to argue
21 about, again, is this paragraph No. 9, in which you have indi-
22 cated that pressure would be placed on the doctors, and in (c)
23 the same sort of pressure, I imagine, for out-patient diagnostic
24 services.

25 If some plan, or arrangement, for increased



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

133

1 payment for out-patient diagnostic services were developed,
2 would these opinions still hold?

3 DR. SHEPLEY: I think, Mr. Chairman, the answer
4 to that would depend on -- do you mean increased payment to
5 the physician in attendance, not payment to the hospital?

6 DR. GALLOWAY: Payment for the services, what-
7 ever type they are.

8 DR. SHEPLEY: To the physician attending the
9 patient?

10 DR. GALLOWAY: I think one of the reasons, for
11 example, I'm sure you have put this in, is that pressure would
12 be put on you if you had a patient who needed x-rays of the
13 stomach, and those who carry Schedule B would require to go
14 into hospital to have this done.

15 If, however, a plan were developed in which
16 there were benefits in the plan so that x-rays could be paid
17 for on an out-patient basis, would this not reverse the situa-
18 tion? Would the pressure not be off the doctor to admit the
19 patient into hospital, and would you still consider these argu-
20 ments valid?

21 DR. SHEPLEY: By the application of Schedule A
22 it's our understanding that x-rays will be part of the benefits,
23 wherever they were taken, in or out of hospital.

24 I'm sorry, I just don't follow your question, Dr.
25 Galloway.

WORLD WAR II COMMISSIONER OF PUBLIC WORKS

DR. SHEPHERD: I think Mr. Gotohwa, the answer

to that would depend on -- do you mean increased demand to

the production in exchange, not because of the possibility

DR. GOTOHWA: Because for the services, we're

ever take place site.

DR. SHEPHERD: To the production supplying the

balance?

DR. GOTOHWA: I think one of the reasons, to

example, I'm sure you have had this in, if first pressure mostly

be put on you if you pass a bill which would x-ray of the

company, and those who still operate it would require to do

type position of have this gone

If, however, a bill were developed in Major

there were penalties in the bill so that x-rays could not

be put on you on-out-balance point of reverse the situation

now that the pressure not be off the doctor to admit the

patient into hospital and won't consider please state

means active

DR. SHEPHERD: In the application of Schedule A

it's our understanding that x-rays will be part of the penalties

whatever they may be taken to or one of possibility.

I'm sorry, I just don't follow your question. DR.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

134

1 DR. GALLOWAY: Well, maybe I'm wording it
2 incorrectly, but I'll try again.

3 At the present moment you have used as an
4 argument for getting rid of Schedule B these pressures that
5 are placed on doctors by patients to admit them to hospital,
6 therefore increasing the demand for beds.

7 On the other hand, if an insurance plan is
8 developed which allows greater benefits, so that the patients
9 may have out-patient diagnostic services paid for, and still
10 be under Schedule B in the type of insurance that they get,
11 there would be no demand to enter hospital, and they could be
12 done as out-patients.

13 THE CHAIRMAN: Are we going over things here
14 that will be repeated again in the Ontario Medical Association's
15 brief?

16 DR. GALLOWAY: I have not seen the Ontario
17 Medical Association brief, sir, and I'm quite willing to drop
18 this point.

19 THE CHAIRMAN: I don't want to cut off discus-
20 sion.

21 MR. WHITNEY: What would you think, just briefly,
22 Doctor, with Schedule B left in, and this is just a shot out
23 of the dark, with Schedule B left in with the patient paying
24 the first week or two?

25 This is purely a personal question I'm asking

DR. GALTOMAN: Well, what I'm worried if

theatre, but I'll try again.

If the theatre members do not pass ready as an

instrument for helping rid of Segregation B please present this

time basis on grounds of simple return to possibility,

theatre to the public.

On the other hand, if as insurance basis is

developed with those "lesser benefits" as well, the best chance

will have out-bestowed discriminatory services being lost and will

be under Segregation B in the place to insurance first they get

the same kind of protection as the public.

Mr. CHAIRMAN: That's all right.

MR. CHAIRMAN: Are we going over pictures before

they will be released again to the Ontario Motion Picture Association

Mr. CHAIRMAN:

DR. GALTOMAN: I have not seen the decision

Meeting Association picture, sir, and I'm sure nothing so strict

THE CHAIRMAN: I don't think so enough of a decision

MR. WHITNEY: What would you think, take particular

Doctor, with Segregation B left to say this is just a step one

of the park, with Segregation B left to with the best thing basing

the first week or two

This is partly a personal decision I'm seeking



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

135

1 you.

2 DR. SHEPLEY: May I answer it personally, then?
3 I would feel that it wouldn't be in keeping with the philosophy
4 of the Bill. I think the Bill's philosophy basically is to
5 try to provide services and payment under the insurance prin-
6 ciple, and to have something acting against that would be
7 basically just not in keeping with the aspirations that I
8 believe are included in this Bill.

9 MR. WHITNEY: It might discourage the over-
10 utilization of the hospital but, as you say, it would be
11 against the philosophy?

12 DR. SHEPLEY: That's right.

13 THE CHAIRMAN: Are there any further questions?
14 Thank you very much, Doctor.

15 We will reconvene at 2 o'clock. We might try
16 to be here about five minutes beforehand, so that we can get
17 started sharply at two.

18
19 --- Luncheon adjournment.
20
21
22
23
24
25

DR. SHERBY: Was I answer if persons still friends

I would tell you if anything else in keeping with the biography of the Bill. I think the Bill is biography probably best to go to provide service and assume under the insurance business to have something along the same lines I just don't know nothing with the legislation first I believe she intended in this Bill.

MR. WHITNEY: If might discontinue this case utilization of the hospital part as soon as you see if would be best part of the biography.

DR. SHERBY: That's a right.

THE CHAIRMAN: Are there any further discussions?

THURK Your area which Doctor.

We will receive one of 5 doctors. We might get

to be here about five minutes before sending to this was can be

assisted especially at time

--- Tomorrow afternoon.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

136

1 ---On commencing at 2:00 p.m.

2 THE CHAIRMAN: I think we will start at this
3 time and take it for granted that the other members of the
4 Enquiry will arrive previous to our getting into the substance
5 of that which is to be discussed.

6 The delegation from the Windsor Medical Services
7 Incorporated is here, I presume. I will read the instructions
8 that have been read to all delegations.

9 "Members of the Enquiry have received and
10 studied the brief you submitted. In accordance with the guide
11 for participation in hearings that was mailed to you, it will
12 not be necessary for you to read your brief, but you do have an
13 opportunity to emphasize or enlarge upon its conclusions or
14 recommendations.

15 Members of the Enquiry may ask you questions on
16 the statements or recommendations submitted in your brief, but
17 you are not to be subjected to examination or cross-examination
18 by other persons.

19 It is not our intention to debate your suggestions or recommendations, nor to state the views of this
20 Enquiry on them. Consequently, any opinions expressed in
21 questions asked or statements made by members of the Enquiry
22 are intended for clarification only.

23 As stated in the instructions, one person is to
24 act as your spokesman. However, if the spokesman feels that

331V (2)



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

137

1 another member is better qualified to answer a specific
2 question from a member of the Enquiry, the spokesman may receive
3 the Chair's permission to request the other member to answer.

4 Will you please identify your spokesman, and then
5 proceed.

6 The members of the press have requested a copy
7 of your brief, and if you have copies with you, perhaps you
8 will hand them to the members of the press at the conclusion
9 of your submission.

10

11 SUBMISSION OF
WINDSOR MEDICAL SERVICES INCORPORATED

12 Appearances: Dr. E. Durocher
13 Dr. E. A. Roemmele
14 Dr. J. R. Barber
Mr. W. V. Walpole

15 THE CHAIRMAN: Will you please identify now
16 who is to be your spokesman?

17 MR. WALPOLE: Mr. Chairman, my name is Vern
18 Walpole, Windsor Medical Services. I will act as spokesman
19 for the group here. I would like to introduce at this time
20 on my left our president, Dr. Durocher, on my right, Dr.
21 Roemmele, vice-president, and Dr. J. R. Barber, on my extreme
22 right, also a member of our Board.

23 THE CHAIRMAN: Will you proceed then, please.

24 MR. WALPOLE: I would like to say, Mr. Chairman,
25 that we are happy to have this opportunity to present our brief

the Charter member is permitted a certain
degree toward a member of the Board, the spokesman was per-
mitted to have a certain number of members to answer.

Mr. CHAIRMAN: May I have your opinion about the

members of the Board have had a certain
amount of time to have some say with you, perhaps for
the purpose of the Board to have some say with the
Chairman.

Mr. WATFORD: I think it is

MEMBERSHIP OF

THE BOARD OF DIRECTORS

Mr. WATFORD: Mr. Chairman,
Mr. R. R. Bumpers
Mr. A. M. Maplege

Mr. CHAIRMAN: May I have your opinion about the

who is to be your spokesman?

MR. WATFORD: Mr. Chairman, my name is Mr.

Westboe, Winona Methodist Seminary. I will act as spokesman
for the Board here. I would like to inquire at this time

on who shall our spokesman, Dr. Drescher, or Mr. Maplege, Dr.

Maplege, also a member of our Board,

Mr. CHAIRMAN: May I have your opinion about the

MR. WATFORD: I would like to say Mr. Chairman,

that we are happy to have this opportunity of presenting our point



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

138

1 to the Committee of Enquiry re Bill 163.

2 Windsor Medical Services is a pre-paid doctor-
3 sponsored medical service plan, operating in the Counties of
4 Essex and Kent in the Province of Ontario. We have been in
5 operation for a goodly number of years, having received our
6 charter in 1937, and in a relatively confined area in these
7 two counties which, in the 1961 census, represented some
8 347,645 persons of which our enrolment today embraces some
9 236,000 persons, or roughly 68-70% of the total population of
10 those two counties.

11 We are here to co-operate with the Committee.

12 We do not profess to have all the answers. However, we are
13 here to do our best to clarify anything, any statement that we
14 have made in our brief and the recommendations contained therein.
15 We would be quite happy to receive the questions of the members
16 of the Committee.

17 THE CHAIRMAN: Thank you. Dr. Butt?

18 DR. BUTT: I might say at the outset that I know
19 a few of the gentlemen on the delegation and have had an
20 opportunity of talking with them before, so I can't feel that
21 I can say any question is personal, but they are not to be
22 taken in that light. I will just ask a few questions. The
23 first one I had, and I think it was asked this morning, was your
24 opinion on Schedule C, coverage outlined in Schedule C be
25 provided through the Medical Welfare Plan. That is in your

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VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

139

1 recommendation number seven, and I believe you probably heard
2 the questions this morning. Would you have anything further
3 to say about this?

4 MR. WALPOLE: Our recommendation number seven
5 reads:

6 "That coverage for those persons outlined in
7 Schedule C be provided through the Medical
8 Welfare Plan."

9 I think perhaps that might be taken in two stages. First of
10 all, just to glance over those seven acts, I believe, outlined
11 in Schedule C, you will note that we are dealing with a
12 particular segment of our population which, in my opinion, is
13 rather unique in this respect that there is a goodly measure
14 of disability embodied in the very nature of these Acts: The
15 Blind Persons' Act, the Disabled Persons Act, the Old Age
16 Assistance Act, the Old Age Security Act, the Rehabilitation
17 Services Act and purely from that consideration only, I would
18 like to first put forward the thought that the seventh
19 recommendation that one carrier only provide coverage for this
20 segment of our population; then coming down to the fact that
21 we have recommended that the Medical Welfare Plan remain intact,
22 I think it is important to recognize the fact that over the
23 years there have been fairly firm lines of communication
24 established between the Medical Welfare Department of the
25 Province of Ontario and the Medical Welfare Plan operated by the

the departmentalization of our service has been a great success. We have been able to maintain the same standards of medical care as we had before the war.

To see some of the

MR. MARTIN: The recommendations never

in Committee for peace between the Allies

Soldierette C of the Board of the Medical Faculty

of the University of

I think because part of my life was spent in the service. Having

benefited myself, I believe, I am now more than ever

in September C. You will note that we are despatched

to different stations according to our qualifications. It is an opportunity to

make a good impression by showing that we are capable

of doing our duty well and that we are fit for the work.

Third Person, Age, the Dispensed Persons Age, the Old Age

Assistance Age, the Old Age Assistance Age, the Responsibility

Services Age and finally from time to time consideration

time to time but forward the second

in the first place a history of the disease or condition if it is

described in detail. Next coming down to the last step

description of our qualifications; then coming down to the last step

and last test the last entrance to hospital is to know if we

have been able to get the services of the Medical Officer

especially between the Medical Officers Department of the

Province of Ontario and the Medical Officers Branch of the



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

140

1 Ontario Medical Association.

2 Then we have the changing complexity in this
3 particular group of individuals because today they may be
4 eligible for coverage under some of these Acts and tomorrow
5 they are not. So it is in a state of flux. Therefore, to put
6 this out into a multiple-carrier area or to a carrier who is
7 not fully conversant with the ramifications of what goes on
8 in this particular group, such as the administration of the
9 Medical Welfare Plan, it would seem to me to be breaking new
10 ground. And that leads me into the other thought, that in
11 breaking new ground here we would have the people who have been
12 covered for home and office care only. They have received all
13 the medical care; they have not been denied that. I am talking
14 only of the economics of it at the moment. I mentioned earlier
15 that inherent in this thing, there is a certain amount of dis-
16 ability. So here again we are breaking new ground and, in
17 doing so, I feel that there may be some necessity for an under-
18 writing type of contract, such as was discussed here yesterday
19 in one of the other briefs, and if there is going to be an
20 underwriting type of contract, I would say then it would be
21 much better for the medical profession to have that under their
22 control.

23 DR. BUTT: Thank you. I wondered, in recommenda-
24 tion number eleven, can you amplify it slightly? In other
25 words, I am not quite sure I understand what you mean that only



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

141

1 those persons or "from those persons only who are without
2 coverage at the initial enrollment period or any subsequent
3 open enrollement period."

4 MR. WALPOLE: Bill 163, at the moment, makes no
5 provision for a carrier to decline an application. This, in
6 a sense, takes some of that away; however, it does not eliminate
7 or preclude a person having a choice of carriers. I think it
8 can be safely said that any carrier who has seen fit to carry
9 a person in a group for a period of time must bear some moral
10 responsibility for the continuation of the coverage of that
11 particular individual; that that being the case, then he should
12 bear the responsibility of providing coverage for the person
13 when he terminates his group coverage and he may apply to the
14 incumbent carrier for continuation of a standard medical
15 service contract. However, he may also apply to any other ---
16 Pardon me. May I back up just a moment. It must be mandatory
17 on that incumbent carrier to accept his application. However,
18 he can then go out on the open market and seek any other
19 carrier, but there would be no compulsion on the part of a
20 given carrier to accept that application.

21 DR. BUTT: To clarify it, you mean he would have
22 double coverage?

23 MR. WALPOLE: It could be possible that he
24 would -- could have double coverage until he had fulfilled his
25 late enrolment waiting period and then he could drop one or the



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

142

1 other.

2 DR. BUTT: Going on to page 2, Schedule B, I
3 think this was discussed to some extent this morning. As an
4 alternative, I think you said Schedule B is a catastrophic type
5 of insurance, and I think one objection to it is, I believe,
6 that it produces a greater push on the beds and the utiliza-
7 tion of beds as opposed to the schedule, which does not?

8 MR. WALPOLE: That is true.

9 DR. BUTT: Suppose you had a really catastrophic
10 situation in which your first two weeks in hospital did not
11 count -- in other words, only the patient who is going to be
12 in hospital for two or three weeks or more; would this be a
13 relatively low premium to perhaps look after just the catas-
14 trophic situation? Have you any comments on that type of
15 thinking?

16 MR. WALPOLE: I would say that that would have
17 somewhat of an effect on the demand by the patient of his
18 physician.

19 DR. BUTT: The point is that the first two weeks
20 would be of no use to him; he has got to be in there longer
21 than that?

22 MR. WALPOLE: I am sorry. I have one point of
23 clarification. Are you talking of hospitalization or are you
24 talking of the medical aspect?

25 DR. BUTT: I am talking of the medical aspect

DR. BUTT: Going on to page 5, Separate B, I think this was discussed to some extent this morning. As an alternative, I think you say Separate B is a conservative type of insurance, and I think one objection to it is, I believe, that it produces a greater number of fine people and the majority of people do not go to the conference if they oppose it.

MR. WALLACE: That is true.

DR. BUTT: Suppose you had a really conservative situation in which you have three or four weeks in hospital for a count -- in other words, only five days being paid for by the government for three or four weeks, would this be a possibility for two or three weeks or more? Would this probably lead to a demand for a longer stay than the actualities of the hospitalization? Have you any comments on this page to

any of the above?

MR. WALLACE: I would say this is the best way to handle

somebody's claim on the basis of the time he was sick.

WORTH PEPPER: Do you see any reason to be in a private room

than a public?

MR. WALLACE: I am sorry. I have one point to

clarification. Are you referring to hospitalization or the hospitalization of the person?

settling of the medical expenses?

DR. BUTT: I am referring to the medical expenses



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

143

1 pure and simple. This is what the Bill is dealing with. It
2 is going to be the true catastrophic situation that you are
3 talking about.

4 MR. WALPOLE: Then if I interpret your question,
5 Dr. Butt, this individual having no medical coverage during
6 that period, ten days or two weeks -- no medical coverage
7 during that period of time ...

8 DR. BUTT: Well, this is not quite right. I
9 guess we will have to get down to an example. I am thinking
10 of the patient that is going to have a long-term illness.
11 Where are you going to define it? In other words, they are
12 going to have to be in hospital for a long time -- and nothing
13 else?

14 MR. WALPOLE: I think before I could answer
15 your question ...

16 DR. BUTT: I know. You would have to know
17 exactly what I had in mind?

18 MR. WALPOLE: That is right.

19 DR. BUTT: This primarily was the patient who
20 would be in hospital for a long time and unless it was of that
21 type or nature that would require this patient to be in
22 hospital for a long time, there would be no medical coverage?

23 MR. WALPOLE: I would make only one comment:
24 That is the fellow who is there the eleventh day, he should
25 have been discharged on the tenth day, he would still put

pure and simple". This is what the Bill is seeking to do. It is going to be the first step towards a definite sport.

MR. WALPOLE: Then if I understand you correctly

Dr. Butt, this individual is having no wednesday coverage during past weekend, few days or two weeks -- on wednesday coverage

during past weekend of time ...

DR. BUTT: Well, this is not quite right.

unless we will have to get down to the extreme of the best part of some to have a long-term fixture, where we can offer members, provided the opposition has -- some possibility for a long time

MR. WALPOLE: I think before I could answer

DR. BUTT: I know. You may have to follow

except a week I had in mind?

MR. WALPOLE: This is right.

DR. BUTT: This is definitely a new idea because who

wants to see it sees his side for a long time and finds it not possible to be in town for the rest of the month unless this fixture is to be in

possible for a long time, there would be no wednesday coverage;

MR. WALPOLE: I might make only one comment:

This is the fellow who is taking the elevator who is going to be coming

base been disappointed on this point that he many still have



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

144

1 pressure on to be there for the eleventh day in order to get
2 the whole thing paid.

3 DR. BUTT: Thank you. You answered it very
4 well.

5 MR. NAYLOR: Mr. Walpole, on page 8 of your
6 brief you suggest, at the bottom, a revision of Section 5 of
7 Bill 163. And I think in answer to one of Dr. Butt's questions
8 you explained the reasons for the second part of it, and I
9 can quite appreciate them. That is where you have a person
10 leaving a group, it seems quite reasonable that it should be
11 the responsibility of the carrier that he has been with in the
12 group to give him a continuation of coverage. However, I am
13 not quite sure that I understand the implications of the
14 implications of the first section or the reasons for it. It
15 seems to me that the effect of it is that during the initial
16 enrolment period, carriers will be required to offer the
17 standard plan only to those who have no coverage at all. If
18 that is the intention, I just wonder why you think they should
19 not be required to offer the standard plan to those who might
20 have a limited form of coverage -- something less than the
21 standard plan?

22 MR. WALPOLE: I think this could lead to a degree
23 of anti-selection. The person who has been covered by a limited
24 type of program and perhaps he is in that unfortunate position
25 of having to require a great deal of medical care, for which he



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

145

1 was not covered under the limited type of program, then as soon
2 as you open that up, all these people are naturally going to
3 gravitate into the other areas, which causes a certain degree
4 of anti-selection.

5 MR. NAYLOR: Well that is a possibility;
6 although I suppose it is not any more likely to happen there
7 than in the case of a person who has no coverage at all.
8 Furthermore, as you probably know, one of the basic ideas of
9 this whole plan is that coverage is to be universally available
10 and I just wondered if the government would feel that it was
11 doing what is intended if the persons who have some kind of
12 coverage, and that may be substantially less than the standard
13 plan, would not be given the right to get a standard plan?

14 MR. WALPOLE: I would have to agree that there
15 is some element of freedom here.

16 MR. NAYLOR: Would you have any great strong
17 objection, or do you see any strong objection to leaving
18 Section 5 as it was, insofar as the initial enrolment period
19 is? In other words, that any carrier that is operating in the
20 field will have to offer the standard plan to anyone in less
21 than the enrolment period, whether they have coverage or not?

22 MR. WALPOLE: I still wonder if this would not
23 eventually right itself and I think we have to clarify two
24 things here. One is that there are two types of coverage
25 available to citizens of the Province of Ontario on a routine

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should measure 30 degrees from the horizontal.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

146

1 basis; one being on a group basis, the other being on an
2 individual basis. And I think if this is the particular type
3 of program which I am talking about here, first of all, as I
4 understand Bill 163, it is primarily geared to the individual,
5 rather than to a group. It seems to me that the fellow who is
6 going to be upgraded will be more likely to be these in a
7 group than perhaps in the individual categories and this might
8 have the effect of upgrading coverage in groups, if what we
9 have proposed here were to remain intact.

10 MR. NAYLOR: I do not believe I understand your
11 point. You say this might have the effect of upgrading the
12 coverage in a group?

13 MR. WALPOLE: Yes. Generally, the urging comes
14 from the people who are covered under the group. Not too often
15 the group itself desires this; it is the urging of the participants
16 in that group and if enough people in that group urge
17 upon his or her employer to upgrade their coverage, simply to
18 take advantage of what we are talking about here, then I think
19 this will bring us into that area.

20 MR. WHITNEY: Is there anything wrong with that?

21 MR. WALPOLE: No. I agree entirely.

22 MR. NAYLOR: I think that is enough on that
23 particular point. I have one or two other questions. On page
24 13, as I understand your Section 41, you suggested the makeup
25 of the Board of Directors of Medical Carriers Incorporated as

coverage is going to be?

• Sets ~~and~~ off as quick fly back



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

147

1 two members from the licensed insurance companies and five
2 other members: One from the Co-Operatives, one from Cumba
3 and one from each of the three doctor-sponsored plans; do you
4 think that is a very fair representation?

5 MR. WALPOLE: I would have to answer, Mr.
6 Chairman, Mr. Naylor's question in this fashion: I think
7 considering the contracts in force, bodies covered, that this
8 would be a fair representation. I do not agree that -- for
9 the lack of a better word, let us call it thin coverage --
10 should carry the same weight as comprehensive coverage which
11 provides for home and office care, for hospital care, for
12 surgery, for maternity, and so on. And to come back to what
13 I meant by thin coverage, a good example of that would be we
14 had a number of years ago polio coverage and I do not think
15 that we can mix these two together and call them either apples
16 or oranges. They are two different breeds. So I think the
17 coverage represented by these people, as we have set them forth
18 here, fairly represents comparable coverage today.

19 MR. NAYLOR: One other question. On page 18,
20 you suggest that it is unethical to collect premiums for the
21 waiting period of three months, which would be applicable to
22 persons applying after the initial enrolment period. I am not
23 sure I understand your thinking there. It is true that while
24 they have paid premiums for that period they couldn't collect
25 any benefits; but, nevertheless, they are receiving a very

two members from the insurance committee and
other members: One from the Co-operative one from Ontario
and one from the Co-operative branch; so for
certain time at a very first representation
MR. WALLACE: I would have to answer Mr.
CARTER, Mr. MAYOR's question in this fashion: I think
considering the conditions of force police coverage -- that
would be a first representation. I do not see -- for
the fact of it is still in full coverage -- the
should carry the same weight as comprehensive
but there is some liability for loss of life or
any damage to property and so on. And if some person is
injured, for instance, a body example, a
certain sum of money will go to his wife or
his a number of years who will get together and settle
this we can mix price to
or cause. They are two different kinds,
here, first a release covering property. On base of
not agreeable to it as a matter of course to
persons applying after the time I understand now
time I understand now settling these. If at time of
they have big premises for this building carrying coffee
and penalties; but, nevertheless, they are necessary a very



1 valuable concession in being permitted to take out a policy,
2 to defer taking out a policy until they think they are going
3 to need it. That is a real valuable privilege that we are
4 giving. In fact, there may be some question as to whether we
5 are charging them enough by simply charging them three months'
6 premiums to offset the anti-selection. I was interested in
7 knowing what your experience is. I gather, from some figures
8 in the brief, that you do have your non-group policy that an
9 individual can buy and that you have a fair number of persons
10 covered under that. You have had it for a few years. I would
11 be interested in knowing what you do to offset the anti-
12 selection? Do you have a waiting period? Do you charge
13 premiums only from the end of the waiting period? And what
14 has your experience been in these individual risks, as compared
15 to the group enrolment?

16 MR. WALPOLE: I will try to take that as much
17 in the order as you have given it as possible. First of all,
18 there is just one point in respect of the ethical part of
19 this. There are only two things that we can purchase in this
20 life. Those two things are goods and services. Let us take
21 goods, for the moment. Suppose the housewife wishes a new
22 washing machine and she goes down to the dealer and he says:
23 "Yes, Mrs. X., this machine is \$144.00. First of all, though,
24 before you get the machine you pay me three payments. Then we
25 deliver the machine and you start paying 12 payments of \$12.00



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

149

1 a month, plus interest." I think we would take a very dim view
2 of this. This is the basis on which we are making the state-
3 ment that it is unethical to collect something for which we are
4 not delivering either goods or services.

5 Now, our method of handling our non-group. We
6 accept applications from the man on the street, without any
7 restriction as to age or state of health, and this follows this
8 schedule: A subscriber, a man or a woman, applies to us during
9 the month of January -- any time during the month of January --
10 and he pays to us an enrolment fee of \$2.00, plus the appro-
11 priate premium for one month, or two months or whatever he might
12 desire to pay, and his coverage then becomes effective on the
13 first day of May. If he pays one month's premium, that
14 premium applies to the month of May.

15 MR. NAYLOR: Is that a five months' waiting
16 period?

17 MR. WALPOLE: No. It is three clear calendar
18 months. It can be stretched to almost four. If he applied on
19 the 2nd of January, it is almost four.

20 Your other question was as to our experience.
21 Our experience has been that this is a costly group. But this
22 does not shake us too much when we have analyzed this particular
23 enrolment. In this enrolment, we have a very high degree of
24 the upper-age group, over age 65. It is about 25 or 26% of
25 our total enrolment in that particular field and this is

we're with you & exist know we think I "I prefer to say when a
reality the building has no place at all. And to
see we do not believe that the government of
countries at it had them
activities to those people gathered for
the beginning the gathering to begin the now

the function occurs and no one did more antiquities
and another who has called the state to see if as nothing
nothing but the selfless man a man a friend A reference
-- visual to whom and you can tell us -- you must to whom the
message will be 100% in self control as an of us to be
from an individual no action and to whom the one who wanted to
and no evidence, someone went before and this was of course
to the day of May. If you have seen
you to whom and of selfless members
of whom you will be a part of the RICHARD J.H.

Machine tools could be the RICHARD J.H.
no building or the most basic of products to be in the
morning

. You can see it is natural to be the
experts the of an old police station
and that's what a lot of old buildings
our experience has been
surviving and before even we make down to see the
one top experts to be right now a real unemployment and in the
to be right now a real unemployment and in the



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

150

1 understandable when you look back over the years and find that
2 carriers were reluctant to continue the coverage of those
3 persons beyond age 65. In many instances, they were dropped
4 like hot potatoes and we now have these persons coming into
5 our enrolment in the high cost area and, naturally, this gives
6 us a sharp incline in the curve in the cost picture.

7 MR. NAYLOR: Is it true that your premiums are
8 not covering claims for that particular group, or do you wish
9 to say?

10 MR. WALPOLE: I would rather reserve that.

11 MR. NAYLOR: Yes, fine.

12 THE CHAIRMAN: Mrs. Aylen?

13 MRS. AYLEN: Mr. Chairman, I would like to ask
14 Mr. Walpole this. On page 22, recommendations, number 65,
15 you recommend, I believe, that the annual or periodic health
16 examinations should be a benefit. Do you have such a benefit
17 in your plan?

18 MR. WALPOLE: Yes, we do.

19 MRS. AYLEN: Is it one or two times a year?

20 MR. WALPOLE: One in a twelve month period.

21 Twelve months must elapse between examinations.

22 MRS. AYLEN: If a plan did not include that,
23 do you think that it could be, the privilege could be sought
24 under other means? Do you think that people could have those
25 examinations under some other guise?



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

151

1 MR. WALPOLE: Yes.

2 MRS. AYLEN: So you think it might be just as
3 well to include them?

4 MR. WALPOLE: Yes, this is true.

5 MRS. AYLEN: On page 21, I was extremely
6 interested in your formula there and, not being too familiar
7 with insurance plans, can you tell me, as a layman, how you
8 worked out that formula? I mean, is it in use at all?

9 MR. WALPOLE: Yes. The three rate structure is
10 not an unusual rate structure. I do not know whether this
11 answers your question or not, or are you referring to the exact
12 formula that we have here in front of us?

13 MRS. AYLEN: Yes.

14 MR. WALPOLE: The "x", "2x" and "2½x". Is that
15 correct?

16 THE CHAIRMAN: That is the one on page 21.

17 MRS. AYLEN: Yes.

18 MR. WALPOLE: I can go into that a little
19 further. Let us use round figures here. Let us use ~~four~~ four
20 dollars for a single premium. We double that premium for
21 a 2-person contract, which would be eight dollars and then we
22 say two and a half times x, or two and a half times four
23 dollars, would be ten dollars for the family. Now, this is not
24 unusual because I think any of us who are acquainted with the
25 cost curves in a pre-paid plan, or any insurance, for that

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10. The following table shows the number of hours worked by each employee.

WBZ-TV: Go over first half of game.

Well as to the range there

MR. WALLACE: Here's what I mean.

MR. MASTROE. Dope "X" is "Safex".

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VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

152

1 matter, will find that in the first year of life it is a very
2 expensive proposition and from there on up into the early
3 teens it is relatively inexpensive, and on up even up into
4 the late teens.

5 Then most carriers eliminate as a dependent those
6 persons who have reached age 19; so in the early years their
7 medical costs are relatively low, in comparison, to those in
8 later years and this gives a break to those persons in the
9 older age category who have no dependents, other than a man
10 and wife, and they are paying only their premium for the two
11 of them. For the parents, if the family are helping to carry
12 theirs, if you carried this through to the ultimate, you would
13 have a rate structure compounded many times over and above
14 this, which was really not feasible.

15 MRS. AYLEN: Can I just come back to page 22
16 again. This is something that just came to me now. What
17 percentage of your subscribers avail themselves of the ability
18 to have periodic check-ups? Can you tell me that? I do not
19 expect a one hundred per cent accurate answer.

20 MR. WALPOLE: About 11.4 persons per thousand
21 covered, per month.

22 MRS. AYLEN: That does not include any diagnos-
23 tic service?

24 MR. WALPOLE: No, this is the routine medical
25 check-up. If there were additional diagnostic service -- that



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

153

1 is if the physician felt there should be an x-ray -- then that
2 would be over and above that.

3 MRS. AYLEN: Even if it was in his own office,
4 it would not be allowed?

5 MR. WALPOLE: If he were doing radiology, yes,
6 it would be allowed.

7 MRS. AYLEN: It would be allowed?

8 MR. WALPOLE: Yes.

9 MRS. AYLEN: Thank you. That is all.

10 THE CHAIRMAN: Mr. Whitney?

11 MR. WHITNEY: I have just one question, Mr.
12 Chairman. Mr. Walpole, on page 2 you discuss Schedule B and
13 in your paragraphs 9 and 10, particularly in 9, you discuss the
14 fall in enrolment under your plan from 1947 to 1959. Did you
15 make a study of that block of business to know why this business
16 did not get public acceptance so that you pretty much got out
17 of it?

18 MR. WALPOLE: We found that at that time we were
19 selling this small package, let us call it, limited type coverage,
20 to groups of five or more and over a period of time our
21 requirements for our comprehensive coverage changed. It was
22 25 and then it dropped to 15 and 10 and our experience was that
23 at the moment a group reaches that size where they could request
24 coverage in a comprehensive medical plan, this is what they did;
25 so that we could not bring enough in at the top to keep pace

if it the phasification left there should be an x-ray --
would be over my spouse first.

MRS. AYLMEN: Haven't if was in his own office.

if would not be sufficient.

MR. WATFORD: If he were going mediotoga, yes,

if would be sufficient.

MRS. AYLMEN: If would be sufficient.

MR. WATFORD: Yes.

MRS. AYLMEN: Thank you. I'll go to it.

MR. WATFORD: You're welcome.

MR. WHITNEY: I have just one question, Mr.

Captains. Mr. Webster, on page 8 your discharge Certificate is sui-

to your best knowledge & say to best knowledge in 9, your discharge per-

fectly in compliance under Army Law from 1941 to 1948. Did not

make a study of what I think of the manner of work and the parts

and dog down each of the battleship down to the bottom of the ship

and the top of the battleship down to the bottom of the ship.

MR. WATFORD: We took time and as little time as possible we were

affording this valuable service, yet as early as January 8, 1948, we

had time to bring to bear a new and more effective method of

removal of the hull blocks. It is a combination of our own experience

and that of the experts who have been here before us.

So far as concerns me personally, I am not able to say that

we have been able to do any better than we did.

So far as concerns me personally, I am not able to say that

we have been able to do any better than we did.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

154

1 with the exodus at the bottom.

2 MR. WHITNEY: Your suggestion of deletion then
3 is to have the Schedule B in-hospital medical services under
4 Schedule A?

5 MR. WALPOLE: Yes. We are not against any
6 carrier selling coverage the equivalent of Schedule B; but we
7 do not think it should be in the Act as a standard plan.

8 Mr. Chairman, may I correct a statement I made
9 previously?

10 THE CHAIRMAN: Yes.

11 MR. WALPOLE: I made the statement to Mrs. Aylen.
12 I quoted an 11.4 figure and I was reading a line too high. It
13 is 2.9.

14 THE CHAIRMAN: That is 2.9 per thousand, per
15 month?

16 MR. WALPOLE: That is right.

17 THE CHAIRMAN: Do you have further questions,
18 Mr. Whitney?

19 MR. WHITNEY: In this withdrawal from the
20 Schedule B type plan that we have been discussing, did it seem
21 to make any difference to you, in your experience, whether the
22 premium was fully paid by the employer or partly paid both ways
23 by employer and employee?

24 MR. WALPOLE: When this plan reached its maximum
25 proportion in 1957, at that time there was very little employer

With the exception of the following:

and nothing to indicate you may have

other services I believe I should be able to make the following:

MR. MULDOON: We are now

in the position of being able to get information from the telephone company

as far as the telephone number of the telephone company

Mr. CHAIRMAN: I would like to know if there is any other

information?

MR. CHAIRMAN: Yes.

MR. MULDOON: I made up a statement

to the effect that I was carrying a fine tool bag

Mr. CHAIRMAN: The following:

etc.

MR. MULDOON: As far as

and I do not know what to do

Mr. MULDOON:

Mr. CHAIRMAN: I will

do what you desire to do.

and this view is based on the fact that by the time we get to

the employment and employment

and nothing else has been done.

approximately in 1951, at least this time was

25



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

155

1 participation. So I would say that that did not have too much
2 effect on it and as time went on this became more and more
3 prevalent with the employer participation in the cost. I
4 wouldn't say it didn't have any effect; but I would say, from
5 our experience in 1947, when it reached its maximum at that
6 time, this type of agreement did not become prominent in this
7 area. I am talking about labour-managements agreements now.
8 It came prominent in this area in the early '50's. About 1952,
9 I would say, this became -- came into vogue at that time and
10 our coverage in our limited plan was slipping at that time.
11 So I would say that this was not the deciding factor.

12 THE CHAIRMAN: Mr. Coulter?

13 MR. COULTER: I would like to know what the
14 procedure is or how you can handle it where you have a person
15 employed in a group, who has enjoyed group coverage for a number
16 of years and he becomes of retirement age, 65; what happens
17 to him? Can he still carry on under the group coverage of his
18 former employer or does he have to buy an off-street program
19 and, if so, is there any difference in the rate?

20 MR. WALPOLE: There are two avenues of pursuit
21 here. One is, as far as we as a corporation are concerned, we
22 do not require that this man be dropped from his employer's
23 coverage. He may continue to enjoy the group rate and the group
24 benefits as he did throughout his working years, provided his
25 employer will continue to keep him on his group. If the employer

in the case of the other two, it was the same.

There were no such cases in the first place.

There was no such case in the second place.

There was no such case in the third place.

There was no such case in the fourth place.

There was no such case in the fifth place.

There was no such case in the sixth place.

There was no such case in the seventh place.

There was no such case in the eighth place.

There was no such case in the ninth place.

There was no such case in the tenth place.

There was no such case in the eleventh place.

There was no such case in the twelfth place.

There was no such case in the thirteenth place.

There was no such case in the fourteenth place.

There was no such case in the fifteenth place.

There was no such case in the sixteenth place.

There was no such case in the seventeenth place.

There was no such case in the eighteenth place.

There was no such case in the nineteenth place.

There was no such case in the twentieth place.

There was no such case in the twenty-first place.

There was no such case in the twenty-second place.

There was no such case in the twenty-third place.

There was no such case in the twenty-fourth place.

There was no such case in the twenty-fifth place.

There was no such case in the twenty-sixth place.

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If case prominent in this case is only 1201.

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This is the case in which the cover page -- enclosed in this case.

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VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

156

1 does not see fit to extent that privilege to his employee, then
2 we allow him to continue his exact same coverage, without any
3 loss of waiting periods, at a rate which is slightly above
4 group rate, enough to pay for the extra administration costs
5 involved in handling him as an individual, as opposed to a
6 group.

7 THE CHAIRMAN: Are there any further questions,
8 Mr. Whitney?

9 MR. WHITNEY: Not at the moment, Mr. Chairman.

10 THE CHAIRMAN: Dr. Galloway?

11 DR. GALLOWAY: I have two very unrelated
12 questions that I would like to ask and it is slightly due to
13 my ignorance of Medical Carriers Incorporated and its future
14 activities. It would appear to me that there will be a con-
15 siderable number of carriers who will be associated with this
16 organization. It is undoubtedly true also that there will be
17 a great variation in the amount of business that they do. It
18 would seem that Carriers Incorporated will have to deal with
19 the various amounts of business, or various companies and, yet,
20 you have suggested a flat rate of payment for each of these
21 and you have given your reason on page 14, paragraph 43. It is
22 slightly due to my ignorance of this, but if you could clarify
23 it I would appreciate it.

24 MR. WALPOLE: I will do my best to clarify our
25 position in this respect. It was not visualized that Medical

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THE CHARTWAN: Dr. Coffey was



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

157

1 Carriers Incorporated will ever become insuring agents them-
2 selves. They will never pay claimants. It will be, to put
3 it in simple terms, a clearing-house. The carrier will report
4 his gross figures, his statistics, as required by M.C.I., in
5 order for them to put him in his proper niche or to relate his
6 experience with that of all carriers. One of the duties of
7 Medical Carriers Incorporated, which we have enunciated in our
8 brief, will be to declare and regulate open enrolment periods.
9 The open enrolment period, it is no more of a problem for
10 Medical Carriers Incorporated to say that we will have an open
11 enrolment period from October 1st to November 30th and P.S.I.,
12 which I believe is the largest single carrier in the Province
13 of Ontario -- it is no greater chore for M.C.I. to say that
14 than it is to say to the railway -- not the brotherhood -- the
15 gentlemen who were here this morning, the nine hundred persons
16 -- it is still from October 1st to November 30th. This is a
17 rather simple way of putting it. There are other considera-
18 tions. When you get into the dollar value and each carrier
19 will report through his total and when you get into a pooling
20 arrangement, his total claims cost for those persons who are
21 pooled, and the only difference between the fellow with the
22 nine hundred and the fellow with a million will be the number
23 of digits to the left of the decimal point. So, basically, they
24 are doing the same thing for both, or at least, M.C.I. is.

25 MR. COULTER: Did you have any formula to produce



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

158

1 this flat rate?

2 MR. WALPOLE: Pardon?

3 MR. COULTER: Did you have any formula to
4 produce this flat rate?

5 MR. WALPOLE: Well, I would have to say this:
6 I do not think anyone, to my knowledge, has any idea of the
7 expenses involved in the operation of M.C.I. until it becomes
8 an operating unit.

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MR. WARBOLE: Best regards

MR. GOURIER: DFG have made extra journeys to

check out this staff before

MR. WARBOLE: Well, I would have to do the same

but it seems as though you do my kind of work

I do not think anyone else has been involved in the

operations until now.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

159

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1 DR. GALLOWAY: Could you give us a guess as to
2 whether such an organization as was here this morning, the
3 Railroad Hospital Association, would such an organization be
4 able to pay on the same basis as P.S.I.?

5 MR. WALPOLE: Well, again, we get back to what
6 the value of X would be, what we are going to apportion out.

7 Let's take a very simple proposition here, and
8 let's say that it's going to cost an organization \$600. That's
9 \$2 a year for each person they have got covered. I'm sorry, I'm
10 getting ahead of myself. If they're going to pay \$600, they
11 have to charge 50 cents a year if they have 1,200 people there,
12 and if you average that over a per-month cost, it isn't going
13 to be too hard on the small carrier. But we don't know what
14 X is going to be, and that's one of the reasons why I can't
15 give you a straightforward answer on it, sir.

16 DR. GALLOWAY: Thank you very much. I have
17 another question, which is completely unrelated, but it does
18 have to do with the briefs which have already been presented
19 to us, one from the podiatrists, and one from the chiropractors,
20 each of whom have requested that their services be insured
21 under whatever plan is introduced by government.

22 In the event that these services became
23 insurable under the standard plan, could you, as an Association,
24 insure them, and if you could, what problems would it create
25 for you?

MR. GALTOMAWA: County don't give us a break as far

as price of land on the same basis as P.R.I.'s

MR. WATFOLK: Well, said we get back to map

price value of X mound per acre we are going to subtract out.

Then, it takes a very simple procedure here, and

then, it's just if it's going to cost us administration \$600. That's a

\$5 a hectare for each person they have got coverage. I'm sorry, I'm

not sure what you mean by coverage. I think it's the area of the townships.

So, if you have a township, you would have to pay \$5 a hectare for each person in the townships.

and if your coverage goes over a bit more than a cent, it's going

to be paid over the same amount extra. But we don't know what

it's going to be, and that's one of the reasons why I can't

give you a precise formula and how to do it, sir.

DR. GALTOMAWA: Thank you very much. I have

another question, which is completely unrelated, but it does

have to do with the price which was struck yesterday present

to us, one from the地主, and one from the administration

boss of whom based their services be informed

under whatever basis it happened by government.

In this event just please service because

incomplete number the standard basis, county don't as an Association

incomplete show, and if you county, will be problem money if otherwise



1 MR. WALPOLE: May I sort of break your question
2 down just a little?

3 First, you can't add any item of service, or
4 extend benefits in any way, shape or form, without incurring
5 additional costs. This is something that just doesn't
6 happen. So, immediately you introduce something like this,
7 you introduce an element of cost.

8 This is one problem which would be created.
9 Then, if we were to embrace these other services which aren't
2 currently covered, and honestly I would have to think a little
11 further along those lines to really give you an answer as to
12 the problems that might be involved in covering those two.

13 DR. GALLOWAY: Well, one of the things that
14 you might be able to answer is, would this require any change
15 in your charter?

16 MR. WALPOLE: Yes, it would. As far as we are
17 concerned it would require a change in our agreements, because
18 at the moment we're precluded from paying anything other than
19 the services of a legally-qualified medical practitioner under
20 The Medical Act.

21 DR. GALLOWAY: Thank you very much.

22 MR. CASWELL: Mr. Chairman, I'd like Mr. Walpole,
23 to ask you one question further on page 22, Section 65, which
24 has already been spoken to.

25 I think that I agree with you that an annual

MR. WAGGONER: May I speak of present Adam development

Hiller, your country's app says item of services, or

existed perhaps to see us, except on formal diplomatic

addition to our case. This is something that goes on it

regularly. So, transnational or international some kind like this

you importance as element of case.

This is one proposal which may be adopted.

Then, if we were to propose please open, say, a new ministry

contingency covered, and possibly I would have to think a little

longer, since there is no answer as to

the problems first might be involved in covering this case.

DR. GALTOMAYA: Well, one of the unique prob-

lem might be size of answer to many different and diverse

in your operation

MR. WAGGONER: Yes, if mostly, as far as we are

concerned if mostly include a change in our structure, because

at the moment we're breaking down existing authority after giving

the services of a federal-district level organization through

the Medioal Act.

DR. GALTOMAYA: Thank you very much.

MR. CASWELL: Mr. Chairman, I'd like Mr. Wagoner

to ask you one question further on page 55, Section 62, mainly

this already been broken up.

I think this is what you made as point



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

161

1 health examination, in the long term, would be good for the
2 patient, as well as, perhaps, the Medical Association. I'm
3 interested in knowing whether you believe, first of all, that
4 the medical profession could cope with an annual health examina-
5 tion, if everyone were covered with health services?

6 MR. WALPOLE: Mr. Chairman, I would like to
7 refer that question to one of my confreres here, and I would
8 ask our President if he would take that question.

9 THE CHAIRMAN: Granted.

10 DR. DUROCHER: Well, I think in answer to that
11 question, in terms of my own experience here, where you have
12 quite a large segment of the population covered, and the
13 medical profession here is coping ---

14 MR. CASWELL: I thought you suggested that only
15 2.9 persons per thousand per month were having this periodic
16 inspection, which seems to be quite a small number, is it not,
17 in your case?

18 If this were included in the Act, I would assume
19 from the very fact that you brought it up that you would
20 recommend that this be a condition of coverage, that everyone
21 would, as a condition of their contract, have an annual examina-
22 tion?

23 DR. DUROCHER: That seems to be the general
24 fear, but our own experience doesn't show it.

25 MR. CASWELL: You mean you don't make it

tion, it even more were covered with heavy services
than the medical insurance, so that the
average cost of hospitalization would be
about \$1000 per year.

MR. WATKINS: Mr. Chairman, I would like to

ask out President if he would like to speak further
of one of my countries here, and I would
ask him to speak first if he would like to speak further.

THE CHAIRMAN: Chair.

DR. DROOHER: Well, I think in answer to your

question, in terms of my own experience here, where you have
diseases, in terms of the hospitalization covered, and the
diseases a large segment of the population covered, and the
medical profession here to go along --

MR. CASMIRI: I thought you suggested just only

so because you yourself paid before
inspection, which seems to be quite a number, if it is right

to have a seat

It still seems to be the Age, I would assume

from the very first time you bought it up until you would
receive such first time coverage, that everyone
would, as a condition of their coverage, have an annual examination

done?

DR. DROOHER: That seems to be the general

treat, put out our experience soon, if you'd like to

MR. CASMIRI: Your measurement makes it



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

162

1 conditional to the contract?

2 DR. DUROCHER: No.

3 MR. CASWELL: But are you not suggesting such
4 a thing?

5 MR. WALPOLE: All we're suggesting here, sir,
6 is that this would be a benefit. We're not suggesting that
7 it would be a compulsory examination. It would be a benefit,
8 the same as an appendectomy.

9 MR. CASWELL: If it is good, and this Act is
10 for the good of humanity, why should it not be covered?

11 MR. WALPOLE: Well, there are several Acts
12 that you could apply that same criterion to, and I would hate
13 to see one phase of medical services become a compulsory item
14 when, perhaps, you could be just as justified in making some
15 other area of medical services compulsory.

16 MR. CASWELL: Then by including this you're
17 only going to give the benefit to the very small percentage
18 who would take advantage of it?

19 MR. WALPOLE: I might clarify that in this
20 respect. In our organization we have included periodic health
21 examinations. As I explained earlier, each person covered in
22 our plan, after he has fulfilled the initial waiting periods,
23 is eligible for medical examination every twelve months, or
24 at least there must be a twelve-month lapse between the exami-
25 nations.

1 | contribution to the country?

2 | DR. DROGHER: No.

3 | MR. CASNER: But the idea of amending such

4 | a finding

5 | MR. WALPOLE: All we're doing here, first

6 | is just trying to make it a sensible. We're not amending this

7 | if money is a compulsory exaction. If money is

8 | the same as an abnegation.

9 | MR. CASNER: It is good, and first of all

10 | for the good of humanity, what should it not be covered

11 | MR. WALPOLE: Well, there are two best ways

12 | this of course there's some difference as say I might use

13 | to see one place of members of last session becomes a compulsory item

14 | more perhaps, you could be just as liable in making some

15 | other uses of members services accordingly.

16 | MR. CASNER: Then by amending this would

17 | only bring to give the benefit to the very small percentage

18 | who would take advantage to it

19 | MR. WALPOLE: I might similarly find in this

20 | case. In our discussion we have mentioned before this

21 | as I understand it, every person covered in

22 | exemption. As I understand it, every person covered in

23 | our bill, after we use the initial switching period,

24 | at eligible for membership exemption even if we have

25 | the least little time between the two types, or

26 | nothing.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

163

1 Now, if he is receiving regular medical care
2 from his doctor, then he's not eligible for it. At least, we
3 do not pay the physician for that, because this is not preven-
4 tive medicine.

5 MR. WHITNEY: Do you have salesmen in the field?

6 MR. WALPOLE: We've had two until very recently,
7 and we only have one now.

8 THE CHAIRMAN: Does that complete your ques-
9 tioning, Mr. Caswell?

10 MR. CASWELL: Thank you, sir.

11 THE CHAIRMAN: Mr. Simon?

12 MR. SIMON: On page 1, Mr. Walpole, you speak
13 about "off-the-street" enrolment, or the non-group enrolment.

14 Do you charge these people a different premium
15 than you do the groups?

16 MR. WALPOLE: Yes.

17 MR. SIMON: You do?

18 MR. WALPOLE: Yes.

19 MR. SIMON: Is it much higher?

20 MR. WALPOLE: To give you an exact figure on
21 that, the single rate with group is \$3.25 to a person per
22 month, and the pay direct, that is the group conversion, is
23 \$3.60, and the non-group is \$3.85.

24 MR. SIMON: On page 5, paragraph 18, you're
25 making recommendations that the Act be changed to read that

Now, if you have any further questions please

ask me the question, then we'll go on to it. At least we do not ask the questions for time, because this is all we have to say.

Mr. Whitney: Do you have a statement in the field?

Mr. Whitney: Do you have a statement in the field?

Mr. Whitney: We have had two major areas identified.

and we will have one now.

THE CHAIRMAN: Does this compromise sound accept-

able, Mr. Caswell?

Mr. Caswell: Thank you, sir.

Mr. Caswell: Thank you, sir.

Mr. Simon: On behalf of Mr. Mifflin, I am pleased

to propose "off-type-apiece" arbitration on the non-traditional categories,

Do our existing rules provide a different basis upon

which you do the arbitration

Mr. Caswell:

Mr. Caswell:

Mr. Caswell:

Mr. Caswell:

Mr. Simon: Is it worth it?

Mr. Whitford: To give you an example of what we

propose, the single test with blood at \$3.25 for a person born

woman, and the basal direct, that is the blood count proposal, at

\$3.00, and the non-traditional is \$3.25.

Mr. Simon: On base P, postage is 18, how does

make up recommendations first of all be open to us to make first



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

164

1 people that have mis-used the services be denied coverage, and
2 so on.

3 How can any person mis-use the services without
4 a doctor being involved in it?

5 MR. WALPOLE: I think that's very easily
6 explained, sir. We have in our experience on a couple of
7 different occasions found a particular individual who was
8 seeing three doctors, three general practitioners, in one day
9 for no particular ailment at all.

10 I think this is a real abuse of service.

11 MR. SIMON: Do you get that in Toronto?

12 MR. WALPOLE: I don't think we would want to
13 inflate the cost of medical care in this province by allowing
14 that to continue.

15 MR. SIMON: Wouldn't you say that the wording,
16 the way you have it, can be widely interpreted, misinterpreted?

17 MR. WALPOLE: I would like to point out that
18 we have used the words:

19 "---or proven continued mis-use of services---"
20 I could subscribe that that particular individual might have
21 on occasion found it necessary to visit two doctors on the
22 one day. Perhaps one doctor wasn't available for some reason
23 or other, but we've put in the word "continued" here, and
24 simply because it happens once doesn't mean it's a mis-use
25 of services, but if this thing persists, I think you have a

How can you better our mis-use of services at present

as good as being involved in it

MR. WALLBORN: I think first, a very early

extension, sir. We have in our experience on a couple of

different occasions found a particular individual who was

very much involved in his business, and he would say, "I am

not too difficult to find him if I

I think this is a real source of service.

MR. SIMON: Do you feel this in Toronto or

MR. WALLBORN: I don't think we would say to

judge the case of most cases of this kind by following

first to continue

MR. SIMON: Noticing how easily this may happen

MR. WALLBORN: I would like to bring out one

we have read the word

"---or proven negligent mis-use of services---

I could imagine type of particular individual which says

on occasion found it necessary to visit and check on the

one day. Perhaps one goes for many days suitable for some reason

or other, put me, he put in the word "continuing" here, and

simply because if happens one goes on, and if it's a mis-use



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

165

1 good case.

2 MR. WHITNEY: Is it in your contract now, this
3 mis-use of service?

4 MR. WALPOLE: Not as such, no, but we do have
5 the right within our agreement to terminate the coverage of
6 any individual.

7 MR. SIMON: On page 21 you're making suggestions
8 with regards to the set-up of arbitration with regard to the
9 difference of rates and so on. You are still suggesting that
10 two of the representatives of the Board of Arbitration be
11 from the carriers in different categories, and one be an
12 impartial representative named by a judge from the Supreme
13 Court.

14 Now, where, in your view, does the public come
15 in, that has to pay the bill after all, on the set-up of the
16 determination of what is to be a proper rate?

17 MR. WALPOLE: Well, I would say that this applies
18 only to the maximum subscription rate, and the vast majority of
19 the public will never be involved in it.

20 MR. SIMON: Somebody told us this morning that
21 eventually everybody will be paying the maximum subscription.

22 MR. WALPOLE: Well, I would only have to say
23 that perhaps that individual expressed an individual point of
24 view, and I express my own, that this will not be affected.

25 MR. SIMON: You talk about comprehensive

MR. WHITNEY: Is it in your opinion now, that

main cause of seafarers

MR. WALPOLE: Not as such, no, but we do have

the right within our jurisdiction to examine the coverage of

any individual.

MR. SIMON: On the 21st of April we were

with reference to the application of the regulations to the

differences of rates and so on. You see the first application of

two of the recommendations of the Board of Appeals was

that the criteria in different categories, had one per

thousand letters received from the subscriber

comes.

Now, where is your view, does the party come

in, that has to be paid after all, on the set-up of the

determination of what is to be a proper rate

for the application of the maximum subscription

only to the maximum subscription base, and the rest

the party will never be liable

for the amount above paid in this manner just

MR. SIMON: Somewhat along the lines

equally everybody will be liable the maximum subscription,

MR. WALPOLE: Well, I would take care of a

first perhaps the liability is released as far as being of

view, and I express my own, just that this will not be sufficient,

MR. SIMON: You still spent considerable time



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

166

1 coverage, and I'd like to know if your organization has ever
2 made a survey in the area here about what actually it does
3 cost a family to cover all their insurance, other than what
4 you provide for them?

5 MR. WALPOLE: No, we've never made such a survey.

3 6 THE CHAIRMAN: Do any other members of the
7 Enquiry have questions that they wish to direct to this dele-
8 gation?

9 DR. BUTT: On the constitution of Medical
10 Carriers Incorporated, as you heard this morning, there are
11 several other organizations, and probably a number of others
12 who might want representation, and as I read it, there's no
13 provision for that.

14 MR. WALPOLE: In what we've set up for the
15 moment for Medical Carriers Incorporated?

16 DR. BUTT: Yes; and the other question related
17 to it today. This is just another little formula, and you
18 say two from the insurers, one P.S.I., one W.M.S., and one
19 from the others.

20 Is this a compatible group? In other words,
21 your Medical Carriers Incorporated becomes a five-man group?
22 This is on page 13, Section 41.

23 MR. WALPOLE: Is that not seven?

24 DR. BUTT: No. Two from carriers, one P.S.I.,
25 being the heaviest, and one W.M.S., whether they are

58

conference, and I'd like to know if your organization has ever made a survey in the area near some map of safety if goes out a family to cover all types insurance, other than map for them?

MR. WALPOLE: No, we've never made such a survey.

THE CHAIRMAN: Do you offer members of the industry base classifications just type map of direct to this date?

DR. HULL: On the classification of Mutual

carriers Incorporated, as you know this morning, there are several offers classifications and probably a number of other on a basis, if need be, such as I read if who might make representation to the

borrowing for type.

MR. WALPOLE: In view we've seen up to the moment for Mutual carriers Incorporated

DR. HULL: Yes; say the other classification for

to it today. This is just another little formality, and now say two from the insurance one P.G.I., one W.M.S., and one from the other.

In this a comparable group. In other words,

your Mutual carriers Incorporated possesses a five-new groups.

This is on page 13, section A.I.

MR. WALPOLE: Is that not sensible

DR. HULL: No, two from carriers, one P.G.I.,

being the members, and one W.M.S., member from the



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

167

1 compatible or not together, and then all the others. I
2 think this works out relatively covering the same number, so
3 that's five.

4 I'm just suggesting a possible formula, whether
5 this would be good, bad, or indifferent.

6 Would that meet with your approval at all?

7 MR. WALPOLE: You're suggesting five instead
8 of seven. Is this correct?

9 DR. BUTT: That's right, with that make-up.

10 MR. WALPOLE: And your question, again, is
11 would this tend to improve the situation?

12 DR. BUTT: Would it be satisfactory to you?

13 MR. WALPOLE: No, I don't think so. I think
14 that our feeling is that it should be just the way it's in
15 here.

16 DR. BUTT: On page 22, Section 63, does this
17 produce the responsibility, and I'm not quite sure at the
18 moment, the responsibility would be somewhat on the carriers
19 as to whether there's double coverage or not, and you want it
20 reworded so that the responsibility lies with the individual?

21 MR. WALPOLE: That's right.

22 DR. BUTT: Well, what happens if he was
23 mistakenly sold two or three policies? In other words, he
24 might buy them in good faith. I don't know why, but he might.
25 He might be sold them in good faith.

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2011-07-17

MR. MATTIOLI: You're suggesting if I'm going to do my best

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第四章

as well as many new : and : old

metastably solid and has three possible outer margins.



1 MR. WALPOLE: As I recall Section 20 of the Act
2 here, I believe the first policy registered is the one that
3 takes precedent, I believe, if I recall it, and that's the
4 only way I could see to get out of that.

5 Now, we're not lawyers, and we did not have
6 legal opinion on this particular section of the Act. All we
7 desired to do was to point out a problem here, which I believe
8 only the legal profession can resolve, as to putting it into
9 the correct wording, and we're just pointing out the problem.

10 DR. BUTT: Yes. Well, I realize the problem.
11 I was trying to shift it back on the companies, instead of on
12 the poor individual subscriber who might be gypped out.

13 MR. MULROONEY: W.M.S. covers a good proportion
14 of the residents of Windsor and its suburbs. I'm wondering
15 whether its coverage provides full payment for the services?
16 Is the doctor permitted to charge in excess of the payments
17 made by W.M.S.?

18 MR. WALPOLE: Mr. Chairman, this is a very
19 interesting point. Windsor Medical Services has closed-end
20 agreements with its participating physicians, and the only
21 time a physician is allowed to extra-bill over and above the
22 payment he receives through the Windsor Medical Services is in
23 those areas where the annual income of that particular sub-
24 scriber exceeds the income limits, which are \$7,000 annual
25 income single, and \$10,000 annual income married.

MR. MAIROLE: As I ready section 50 of the Act

...and to the top of sea blues I have no go



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

169

1 MR. MULROONEY: On page 4, in your recommenda-
2 tion with regard to the definition of "benefit," you ask for
3 the addition of the words "or on behalf of."

4 I wonder if this could not be satisfactorily
5 handled in the contract that is issued to the applicant,
6 provide for it there, and whether it's necessary to make any
7 amendment?

8 MR. WALPOLE: We have a lot of these in our
9 general population, curbstone lawyers, and if they got this
10 Act they would sure wave it in front of you and say, "This
11 means that this payment can't be made to anyone else except
12 me," and service plans, of which Windsor Medical is one, we've
13 traditionally made our payment direct to the doctor, and this
14 gives us our opportunity to do that, to make payment on behalf
15 of a covered person directly to his physician.

16 MR. MULROONEY: I've no further questions.
17 That's the answer I expected.

18 MRS. AYLEN: In a city such as this you must
19 have people who become unemployed while they are subscribers
20 to your plan, and they might find it necessary to let their
21 subscription lapse.

22 Is there any machinery set up to aid them?

23 MR. WALPOLE: Yes. First of all, let me deal
24 with the person in this area, in this particular area, under
25 negotiated contracts through employer and employee negotiation,

6

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on base # in auto recumbency.

—spas! gotta go now



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

170

1 and many of these contracts now provide that this may be
2 continued by the employer for a period of time, the month
3 in which layoff takes place, for any period of time up to
4 three months, and then he may - and I might say we have had
5 instances where it has gone beyond that, it has gone beyond
6 the contractual obligation, then he may elect to pay the
7 employer the group rate to get advantage of the lower rate,
8 and he will again remit through to us.

9 Now, this takes care of the chap who is laid
10 off by an employer who has a negotiated contract.

11 The chap who doesn't have a negotiated contract,
12 and have these inherent benefits, the only thing we can offer
13 to him is a pay-direct agreement, and, of course, we can't
14 provide coverage for anyone without receiving money for that
15 particular month, but we do have a policy where if for some
16 reason such as you outline a person very reluctantly is called
17 upon to drop the coverage due to financial embarrassment, that
18 if they apply to us within a six-month period -- we don't
19 reinstate the contract, but we will give them a new contract
20 without having to go back through the non-group agreement, and
21 so on, such as they had before.

22 MR. MAJOR: Mr. Walpole, on page 4, you have
23 referred to dependants, and it would appear to me that you've
24 left out a couple of points that I would like to clarify.

25 You say that a dependant shall be "a son or

the result of three couples was brought first gifts may be



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

171

1 daughter, or stepson or stepdaughter of the head of a family--"

2 Can you tell me what you are going to do, or
3 how you're going to handle a grandchild, who's only visible
4 support is grandfather?

5 MR. WALPOLE: Well, first I would like to go
6 back to the wording of the Bill 163 in this particular
7 section, and Section 1, sub-section (d), sub-sub-section (ii):

8 "any unmarried child under the age of 19
9 years who is dependent or substantially
10 dependent for maintenance upon the head
11 of a family."

12 Now, it seems to me that this is a pretty broad
13 platform on which to start to make a decision. It says:

14 "any unmarried child ---"

15 It doesn't say whether it's related, unrelated or not - "any
16 unmarried child," a neighbour's, or anybody's else.

17 So we feel this must be taken care of by a
18 change, and the change we've reflected in our submission here,
19 and our thinking ran along these lines. It's much easier to
20 write this on a reasonably tight basis, and administrate on
21 those individual cases such as you outlined, and I don't mean
22 this in a true sense, but administrate on a loose basis,
23 rather than write it on a loose basis and try to administer
24 it tightly.

25 MR. SIMON: I thought you told us before that

to go, or for him to go, or for us to go, or

when you're going to have a baby, or when you're going to have a baby,

or before it's born.

MR. WAMPOLI: Well, that I would like to do

now is to make the Bill 193 to give birthright

status to the mother of the Bill 193, and section (b), and section (c), and section (d), and section (e).

Q. "Any marriage which ends in

death will be dependent on separation if a

dependent for maintenance upon the husband

".

Now, if this is the case of the wife

if she has a taste of what is called a separation or divorce, if she has a taste of what is called a separation or divorce,

she can do

the same if she has a taste of what is called a separation or divorce, if she has a taste of what is called a separation or divorce,

"anybody who says, "I'm not going to do this",

so we just wait and see.

and the couple may be separated for a long time, and the couple may be separated for a long time,

and the couple may be separated for a long time, and the couple may be separated for a long time,

and the couple may be separated for a long time, and the couple may be separated for a long time,

and the couple may be separated for a long time, and the couple may be separated for a long time,

and the couple may be separated for a long time, and the couple may be separated for a long time,

and the couple may be separated for a long time, and the couple may be separated for a long time,

if it applies.

MR. SIMON: I propose for today as follows first



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

172

1 you weren't lawyers.

2 MR. WALPOLE: Thank you.

3 MR. MAJOR: I understand what you're getting
4 at, but I'm not too sure that the Government, the politician
5 will accept this nebulous area of give, rather than take away.

6 Now, what are you going to do about this child
7 who is 29 years of age, and can't work because of physical
8 infirmity, where it says in the sub-paragraph (iii) of (d) --
9 are you just going to eliminate this fellow, too?

10 MR. WALPOLE: No, we have him covered over on
11 page 5, under sub-section (b).

12 Did I understand you to say 29 years of age?

13 MR. MAJOR: Yes.

14 MR. WALPOLE: Well, if he was 19 years of age,
15 or older, mentally or physically infirm, and dependent for
16 support on the head of the family or upon the spouse of the
17 head of the family before his 19th birthday but that does not
18 include the spouse or dependants of any such child.

19 MR. MULROONEY: May I observe, Mr. Chairman,
20 that such a person would probably qualify for the disabled
21 persons' allowance, and should be a government responsibility
22 then.

23 THE CHAIRMAN: Remember that we're not debating
24 this issue.

25 MR. MAJOR: Mr. Walpole, on page 8 you are

your members' families.

MR. WALPOLE: Thank you.

MR. MAJOR: I understand most now, the following

part I'm not too sure past the government, the following
with respect this legislation there is a lot of
differences between this and past legislation.
Now, what the law does is

who is 25 years of age, and also if work passes to basic
-- (b) to (iii) in the sub-basis by (iii) following.

the law that going to eliminate the following, foot

MR. WALPOLE: Now we have this covered over on

page 5, under sub-section (p).

Did I understand you to say 25 years of age?

MR. MAJOR: Yes.

MR. WALPOLE: Well, it was 10 years of age.

or older, whether or basically him and dependent, for
support on the part of the family or upon the spouse of the
head of the family before a 10th birthday and that goes for
living the spouse or dependents of any such child.

MR. MURDOCH: May I observe, Mr. Chairman,

that among a person would display difficulty for the discharge
of personal obligations, and about as a extreme measure, responsible

discretion.

THE CHAIRMAN: Remember this we're not departing

from the same

MR. MAJOR: Mr. Walpole, on page 8 you say



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

173

1 referring to Section 4 of the Act, and the only change I see
2 is that you have eliminated the wording "or standard in-hospital
3 medical --" but I'd like to ask you about the wording "a local
4 municipality may."

5 Do you think it's proper that a municipality
6 should have an election in this issue?

7 MR. WALPOLE: If I might just ask for a little
8 clarification, Mr. Major. What you're saying, if I interpret
9 it correctly, is, should a municipality have the right to say,
10 "We will pay the medical costs of this particular indigent if
11 those costs are likely to be less than the premium which we
12 would pay if we covered him under this type of program."

5
13 MR. MAJOR: That's right. I'm asking the ques-
14 tion, Mr. Walpole, because we've had several references to
15 anti-selection.

16 MR. WALPOLE: Will you pardon me just one
17 moment while I read the previous ---

18 I'd say that Mr. Major has put his finger on a
19 good point here, that this could leave itself open to an abuse
20 by anti-selection. It might well be that the municipality
21 shouldn't have that option.

22 I think, looking at it now I would say that.

23 MR. MAJOR: Mr. Walpole, on page 13, I was very
24 interested in a recommendation you set forth here:

25 "We recommend that each director be a



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

174

1 permanent resident of the Province of
2 Ontario."

3 Supposing that we had a very knowledgeable chap
4 on medical economics living in Montreal, but that from a
5 technical standpoint it would be very desirable to have him
6 on this Board; would you want to eliminate the privilege of
7 having this chap on this Board?

8 MR. WALPOLE: If this chap is a very knowledgeable
9 chap living in the City of Montreal, or anywhere else,
10 for that matter, I think we could even go beyond that. Let's
11 go to another country. If he is that valuable, I am sure that
12 a representative on this Board could seek his advice on a parti-
13 cular problem, and it would still -- his wealth of knowledge
14 could still be utilized in that particular field, and yet we
15 would be keeping this within the confines of the Province of
16 Ontario, because this is an Act developed by the Province of
17 Ontario for the citizens of this particular province, and
18 simply because this chap lives outside of the province doesn't
19 preclude us from seeking advice from that particular individual.

20 MR. MAJOR: In other words, you would use him as
21 a consultant?

22 MR. WALPOLE: That's right.

23 MR. MAJOR: But you wouldn't necessarily
24 shoulder him with a responsibility that he isn't living with,
25 as it were?

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Subsequent first we had a very bad view of the world beyond us.

MR. WALTERS: It takes a lot of very knowledge.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

175

1 MR. WALPOLE: That's true.

2 MISS McARTHUR: I'm wondering if there have
3 been any problems regarding the care of the newborn, and
4 whether the problem has necessitated the writing of regulations
5 thereon, or has it not been a problem at all?

6 MR. WALPOLE: We do cover newborn care.

7 DR. ROEMMLE: I don't exactly understand the
8 question, Mr. Chairman. Newborn care is covered in our
9 contract, a certain number of visits are outlined that they
10 are eligible for.

11 MISS McARTHUR: I was referring to page 26,
12 removing the examination from the Act and leaving it to be
13 controlled by the O.M.A. Schedule, and in addition to that
14 having had to write regulations.

15 MR. WALPOLE: We have certain limits on well-
16 baby care visits, and this particular examination which we
17 have mentioned here should be controlled by the fee schedule.
18 This is really a benefit. It isn't something which should be
19 in the Act.

20 MR. SIMON: What proportion of the doctors in
21 this area are participants in the Windsor Medical Services?

22 MR. WALPOLE: About 98%, sir.

23 MR. SIMON: In case of a strike at one of the
24 companies that has insurance with your people, do you allow
25 the union to pay the premiums for the group?

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MISS MARTHUR: I'm wondering if you're going

to have a copy of the report of the Board of Health.

MR. WATKINS: I have a copy of the report of the Board of Health.

MISS MARTHUR: I have a copy of the report of the Board of Health.

MR. WATKINS: We do have a copy of the report of the Board of Health.

DR. ROHMMEL: I don't except it undergoes any change.

MISS MARTHUR: Mr. Quisenberry. Memphis case is covered in our

transcript, a copy of which is available to you.

DR. ROHMMEL: This is eligible for.

MISS MARTHUR: I was referring to page 26.

removing the examination from the Act and leaving it to the

Court of Appeals by the O.M.A. Separate, and in addition to this

leaving the right of wife relocations.

MR. WATKINS: We have certain limits on what

we can do with respect to examinations without the

base mentioned here should be controlled by the scope of

this to result in a benefit. If you, something which should be

in the Act.

MR. SIMON: What proportion of the goods in

this case are distributed to the Mutual Medical Services

MR. WATKINS: About 90%, Sir.

MR. SIMON: In case of a strike or one of the

complaints first has to commence with your people, do you still

the motion to be the premises for the strike?



1 MR. WALPOLE: Yes, they pay it through the
2 company, so that all persons -- there are certain classifica-
3 tions of employees not considered to be on strike, and they'll
4 be covered, but our arrangement has been in the past that the
5 union pays through the company.

6 MR. SIMON: And no one loses any benefit?

7 MR. WHITNEY: Do you allow any grace period
8 before you terminate, or lapse a contract for non-payment of
9 premium?

10 MR. WALPOLE: Yes, first of all those persons
11 terminating from a group have a 30-day period in which to pick
12 up their pay-direct agreement.

13 MR. WHITNEY: Thirty clear days?

14 MR. WALPOLE: Yes, 30 days from the end of the
15 paid-up period on the group. They have 30 days to pick up
16 their pay-direct agreement, or the group conversion.

17 Then those persons billed on non-direct, or
18 pay-direct agreement are billed roughly on the 20th of the
19 month, or the due date of the first of the following month,
20 but we continue to carry those people along till the last day
21 of that month. In other words, they have 30, 31 days of grace.

22 MR. WHITNEY: Do you send out a notice of termi-
23 nation?

24 MR. WALPOLE: No, it's done, or I should say,
25 yes, we do, to a degree.

MR. MAPLETON: Yes, that was if you might file

upon basis of your own knowledge.

MR. SIMON: And do you know such premises?

MR. WHITNEY: Do you still own those premises

before your marriage, or take a carriage for non-residence of

MR. MAPLETON: Yes, this is all I possess because

an inter-city bus-district agreement.

MR. MAPLETON: Yes, 30 days from filing of the

bus-district on the board. They have 30 days to bring up

inter-city bus-district agreement to the board convention.

Then those persons will be given non-district, or

bus-district agreement the following month on the 20th of the

month, or the date of the first of the following month

and we continue to carry those people since till the last day

of first month. In other words, they have 30, 31 days of basic

MR. WHITNEY: Do you send out a notice of removal

MR. MAPLETON: No, it's done, or I should say

we go to a degree.



1 Those persons terminating from a group are
2 all notified. Those persons who have allowed their coverage
3 to lapse into this 30-day period of grace, when we come up to
4 the next billing cycle we double-bill them then, and if they're
5 not paid at the end of the month they get a special billing,
6 telling them it will be cancelled.

7 MR. WHITNEY: That's included in the double-
8 billing?

9 MR. WALPOLE: That's right. So that in effect
10 everyone gets notice.

11 MR. WHITNEY: How about reinstatement? If the
12 individual doesn't pay his premium for some period of one, two
13 or three months, do you allow reinstatement, or is it a new
14 application? Do you have any clause in your contract?

15 MR. WALPOLE: No, there's no clause in the
16 contract. This is administered by administration on the basis
17 of there are extenuating circumstances in a number of cases,
18 and these are reviewed, and if the case warrants reinstatement,
19 or full reinstatement of all benefits, then that is done. If
20 it doesn't, then they are offered a new course.

21 MR. WHITNEY: Do you have rules and regulations
22 as to when you will exercise your discretion, and how?

23 MR. WALPOLE: I don't quite follow your ques-
24 tion.

25 MR. WHITNEY: Well, this is a discretionary

This is a copy of a letter from Mr. William M. McMillan, Librarian of the Toronto Public Library, to Mr. George E. Hart, Minister of National Education, dated April 10, 1933. The letter discusses the proposed legislation to establish a national library system.

Significant

Mr. McMillan's letter begins with the following:

Reckoning base notice.

Mr. Hart's response follows:

Mr. McMillan's letter continues:

"I am sending you a copy of the proposed legislation to establish a national library system. Do you have any objection to the application of the proposed legislation to the public libraries? No objection is intended."

Mr. McMillan's letter concludes with the following:

"I am enclosing a copy of the proposed legislation to establish a national library system. Do you have any objection to the application of the proposed legislation to the public libraries? No objection is intended."

Mr. Hart's response follows:

Mr. Hart's response follows:

Mr. McMillan's letter concludes with the following:



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

178

1 power you are exercising?

2 MR. WALPOLE: Yes.

3 MR. WHITNEY: And I imagine the power is vested
4 in a committee of your organization?

5 MR. WALPOLE: Yes, and this can go right on up
6 to our Board of Directors.

7 MR. WHITNEY: Do you have any written bylaws,
8 or rules and regulations, as to when you consider it is a
9 deserving case, and when non-deserving?

10 MR. WALPOLE: Not as written law, no.

11 MR. WHITNEY: Do you make your payment having
12 the bill from the doctor rendered direct to you, or do you
13 have the patient fill out a form?

14 MR. WALPOLE: No, the doctor renders his
15 account directly to Windsor Medical Services.

16 MR. WHITNEY: Is there anything in your
17 contract, or in what you have your medical doctor membership
18 supply in the way of a bill with -- I think it would be in the
19 contract, really. Is there anything in your contract of these
20 words "on behalf of" that we've been talking about, stating
21 that you have the right to pay to the doctor on behalf of the
22 insured?

23 MR. WALPOLE: It's implied in here. It's
24 really in reverse. It is only when the subscriber is travel-
25 ling on vacation, or business, that we make any agreement to

power over the executive?

MR. WHITNEY: And I imagine the power is a

matter of interpretation.

MR. WHITNEY: And I imagine the power is a

matter of interpretation.

MR. WHITNEY: Yes, and this can be right or ab-

to our Board of Directors.

MR. WHITNEY: Do you have any objection

to rules and regulations as to how you consider it to be

satisfactory case, and when non-declarative?

MR. WHITNEY: Not as between law, or

MR. WHITNEY: Do you think about basing

the bill from the object of legislation to how, or do you

have the best thing till one is found

MR. WHITNEY: No, the object remains this

account of difference of Milder's service.

MR. WHITNEY: Is there anything in your

conclusion or in your place how they object to your

conclusion? It appears to me that you are correct in your

conclusion, Mrs. T. If there anything in your conclusion of mine

words "on behalf of" does not mean including some, according

that you have the right to say to the object on behalf of the

transferred?

MR. WHITNEY: If a majority is here, it's

settled in reverse. If it is only when the majority is transfe-

tional or otherwise, if we make an agreement to



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

179

1 pay anything to him.

2 MR. WHITNEY: To the subscriber?

3 MR. WALPOLE: That's right.

4 MR. WHITNEY: These words you are suggesting
5 might usefully go into the Act. Do you have any such words
6 in your contract?

7 MR. WALPOLE: No.

8 MR. MAJOR: Mr. Walpole, it's common in some
9 insurance contracts to insert words of this kind: "That non-
10 payment is automatic cancellation of this agreement."

11 Do you exercise this? You've told us that you
12 send out two or three notices, but when you are finished with
13 that, and this is done, this is a cancellation because they
14 didn't pay the bill?

15 MR. WALPOLE: That's right. "Failure to pay
16 the subscription rates applicable shall entitle the corpora-
17 tion to automatically terminate the provisions of the agreement
18 created hereby and any benefits accruing thereunder and it is
19 specifically declared that time shall be of the essence of the
20 provision for payment of all such subscription rates."

21 MR. MAJOR: Have you provision in your agree-
22 ment of appellate authority that a subscriber can appeal to,
23 other than you as General Manager, or as Administrator?

24 MR. WALPOLE: Yes, it's not in the agreement
25 that he can appeal to the Board of Directors.

MR. WHITNEY: To the supervisor's

MR. WATPOLE: That's a right.

MR. WHITNEY: Three words from the supervisor

might be necessary to info the ACP. Do you have the same kind of

in your conference?

MR. MAJOR: Mr. Watpole, if a conference in a mere

translators conference to further words of this kind: "This non-

"Assumption to automatic classification of this document".

Do you exercise rights you have had as far as

send out two or three notices, put them down the hierarchy and

then say this is done, this is a classification because you

did it by the Pitt?

MR. WATPOLE: That's a right, "limits of the

the supervisor uses applicable statute unless the supervisor

tion to automatic classification determines the automatic

classification and such personnel securing protection and if it is

described merely and such personnel security protection and if it is

description for automatic classification is done".

MR. MAJOR: Have you been given to know where

went of automatic supervision if a supervisor can apply for

offer you as General Manager, or as Administrative Agent

MR. WATPOLE: See, this is in the degree of assessment

this is our ability to the Board of Directors.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

180

1 MR. MAJOR: Is it in your charter?

2 MR. WALPOLE: It's not in the charter either,
3 but this is one of those things which has become a part of our
4 way of life, that anyone can appeal to the highest authority
5 within our organization, which is our Board of Directors.

6 MR. MAJOR: Considering Bill 163 in toto, would
7 you accept the statement that this Bill will expect a carrier
8 to recognize psychiatric services without limit?

9 MR. WALPOLE: I think this is definitely
10 implied in Schedule A.

11 MR. MAJOR: You think this is a reasonable
12 thing for this Bill to require?

13 MR. WALPOLE: In terms of dollars, I think this
14 is going to lead us into a very inflationary aspect of medical
15 care, if we are called upon to pay psychiatric services in
16 toto, which are now being performed in provincially-admini-
17 stered hospitals, with psychiatrists working in those hospitals,
18 who aren't working on a fee-for-service basis, and to
19 suddenly throw this load into the arena of Bill 163 I think
20 can only ask for chaos from the dollar standpoint.

21 MR. MAJOR: This, of course, will be quite a
22 discussion in this Enquiry some day.

23 You have made no recommendation regarding this
24 aspect of this Bill in your submission. Would you help us out
25 now by giving us your opinion as to whether or not it would be

MR. MATOR: It is in your opinion?

MR. WALPOLE: If it's not in the opinion of either

of them, I think it's in the opinion of the Bureau of Fire Prevention.

MR. MATOR: I think it's in the opinion of the Bureau of Fire Prevention.

MR. WALPOLE: I think it's in the opinion of the Bureau of Fire Prevention.

MR. MATOR: Considering this Bill 163 in your opinion, would

you consider the statement made this Bill will except a certain

to recognize basic services without limits?

MR. WALPOLE: I think this is definitely

implied in Schedule A.

MR. MATOR: You think this is a reasonable

thing for this Bill to do?

MR. WALPOLE: In terms of safety, I think this

is going to help to reduce the chance of medical

injuries if we are able to base basic services on

some, if we are able to base basic services on

some, which are now subject to planning and

other possibilities, with basic services having

who stand on a fee-for-service rate, and so

subsequently from this into the terms of Bill 163 I think

as it stands, it's going to be a definite improvement.

MR. MATOR: That's all, of course, will be done s

discretion in this Bureau some day.

You have made no recommendation regarding this

specific of this Bill to your knowledge. Would you help me out

now by giving us your opinion as to whether or not if would be



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

181

1 reasonable to at least consider the launching of this Bill
2 with a limitation for psychiatric care?

3 MR. WALPOLE: Yes, I think this Bill could be
4 enlarged to embrace a certain amount of psychiatric care
5 rendered on a fee-for-service basis, but I think, in order to
6 avoid the chaos which I mentioned earlier, that this would have
7 to be limited to a specific number of treatments, or number of
8 hours' care in a given period of time, and if we're to take the
9 data supplied by the psychiatric section of the organized
10 medicine it would seem that 50 hours per year, I believe, if
11 I recall the figures correctly, they thought would amount to
12 somewhat in the neighbourhood of twelve million dollars a year,
13 and this is a sizeable chunk of money for a limited program.

14 So, I can only say if we apply this for a
15 limited program, where would it leave us on a wide-open
16 program?

17 MR. MAJOR: Thank you. If you will refer to
18 Schedule A, the exceptions. Annual periodic health examinations,
19 under 1., Under 5, it says:

20 "Services with respect to conditions that
21 do not interfere with the covered person's
22 bodily functions, or with respect to treatment
23 for cosmetic purposes."

24 Now, considering these, would you say that this
25 Bill included well-baby care?

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map a limitation for backscatter noise safety

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SERVICE
TORONTO, ONTARIO

182

1 MR. WALPOLE: I would say you could interpret
2 "annual or periodic health examinations," if you so desired,
3 as well-baby care, or at least interpret well-baby care as a
4 periodic health examination. It might be once a month, but it
5 could be interpreted to that exception, and again, as you
6 point out in 5:

7 "Services with respect to conditions that
8 do not interfere with the covered person's
9 bodily functions, or with respect to treat-
10 ment for cosmetic purposes."

11 Well-baby care, again, could be excluded under
12 the first part of No. 5.

13 MR. MAJOR: Well, I'm struck by the paradox,
14 Mr. Walpole, that you have suggested in your submission that
15 we have well-adult care, because that is what a periodic
16 physical examination is, this is well-adult care, but you
17 haven't commented as to whether or not we should have well-
18 baby care.

19 MR. WALPOLE: Well, I think, Mr. Chairman, in
20 reply to Mr. Major's supposition there, I think he has read
21 into our submission something which really it didn't contain.

22 We said that there should be annual or periodic
23 health examinations, which could be interpreted to mean well-
24 baby care, but we have not applied the connotation "adult" to
25 it.

MR. WALBORN: I would add that only interpreter

could be interpreter of first impression, and again, as you

point out at 5:

"Services will be based on conditions of"

which do not interfere with the covered horizon,

body of interpretation, or which is based on those

ment for consumptive purposes".

Multi-party case, also, could be extended

the time limit of No. 5.

MR. MATOR: Well, I'm afraid it's beyond me

Mr. Mattole, first of all, base interpretation of

we have multi-party case, because first of all we have a particular

basic interpretation of this is multi-party case, but for our

passer, if communication as far as we understand is a multi-

party case.

reality to Mr. Mattole's suggestion there, I think we have to

type out communication something which results in defining confusion.

We said first place should be summit or conference

of "this" party, but we have not supplied the communication



1 MR. MAJOR: Well, let me go one step further,
2 then, and I know this is not in your submission, but we're
3 interested in these kinds of things.

4 Supposing that it's decided that well-baby care
5 is a normal benefit of this agreement, which, in my opinion,
6 and it's got nothing to do with the Enquiry, it is not,
7 because of these exceptions and the way they are written,
8 and no submission we have dealt with yet has brought this
9 point out, but supposing that this does become a benefit of
10 this agreement, with maybe some help from the professional
11 people, it is my opinion that a baby includes the years of
12 from the time it is born till the time it is 14, I believe.

13 If this agreement is going to cover well-baby
14 care, would you consider that well-baby care should go through
15 14 years of life; the first 14?

16 DR. ROEMMLE: Mr. Chairman, Mr. Walpole has
17 asked me to answer this. I don't know exactly what Mr. Major
18 is driving at. We call well-baby care up to a year, and after
19 a year they are infants, and children, and, as you know very
20 well, once your medical does cover well-baby care there's a
21 certain stipulated number of visits in the first and each
22 succeeding years, and we do allow an annual examination on a
23 child at a little less rate than on an adult, and we certainly
24 did not imply to exclude well-baby care from our recommenda-
25 tions.

MR. MARCH: Well, let me do one step further.

Then, and I know this is sort of a long supplication, but we're
interested in these kinds of figures.

DR. ROHMMER: Mr. Chairman, I would like to add

another point to this agreement, which is a
point at it is not binding to do with the industry, if at all.
and it's got nothing to do with the way they are affected
because of these exceptions and the way they affect the
suppliers of these products will be prolonged time
and no supplication we have dealt with yet has been
brought out, but I suppose part this does become a
part of this agreement, with maybe some help from the
people, if it is my opinion that a supply industry the basis of
this agreement, if it is the time it is now till the time
from the time it is to come till the time it is left over.
It this agreement is going to cover Well-pong

case, many you consider that Well-pong case should go through

the basis of this; the first this

DR. ROHMMER: Mr. Chairman, Mr. Well-pong said

that he is of number city. I don't know exactly what Mr. Major
is dividing it. We call Well-pong case up to a basis, and after
a basis they are instances, and as you know very
Well, one more method goes cover Well-pong case therefore a
basis and that will be the basis of the division between
certainly establish a number of companies and each
a number of companies and we do still as much as
successing bases, and we do have some on schedule, and we certain
certainly of a little less from our secondaries
but not too long to execute Well-pong case from our secondaries.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

184

1 This is something that none of us thought any-
2 one would read into it. In our recommendations we certainly
3 mean to imply that well-baby care should be part of the
4 standard medical services contract.

5 MR. MAJOR: Thank you. That's the point I
6 wanted to bring out.

7 DR. GALLOWAY: These questions have been so
8 interesting. Mine is a very minor and almost likely not one
9 that should be delivered here. It so happens that if this Act
10 goes through, the double coverage won't be allowed and it may
11 not be as true in this area because there is only one major
12 insurance company and that is Windsor Medical Services. However,
13 in other areas there are men and women working in different
14 institutions, one of whom will be covered by one insuring com-
15 pany and another by another company. What will you do about
16 the premiums for the individuals who are under a group coverage
17 on this basis?

18 MR. WALPOLE: I do not think that we can get
19 into an area which is, perhaps, a negotiated contract between
20 employer and employee and expect to be able to write an Act or
21 write regulations that will govern all these things. So, in
22 my humble opinion, these people are going to have to get
23 together some way or other and get double coverage on there.
24 That might sound sort of a confused statement. But we do
25 encounter double coverage in this area, somewhat on the basis

This diagram shows the main components of a typical power system.

MR. MATOUR: Désolé monsieur. C'est une forme de la

Subject to Bill of Exchange.



VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

185

1 which you outlined, and employers have gotten together and
2 ironed this thing out. And I see no reason why we should set
3 up machinery to take care of something which is a Frankenstein
4 in your own name.

5 MR. WHITNEY: Do you allow double coverage in
6 your contracts?

7 MR. WALPOLE: Yes.

8 MR. SIMON: Do you allow portability from one
9 group to another within your own organization? I refer to
10 waiting periods?

11 MR. WALPOLE: Yes. They never lose their waiting
12 periods, provided that they have paid premiums. The continuity
13 of premium is what provides continuity of coverage; so they
14 might transfer from a group to a pay contract and to a group
15 and to another group and still retain their original waiting
16 period.

17 THE CHAIRMAN: Are there any further questions?
18 Mr. Walpole, can you leave with our Secretary a copy of your
19 brief?

20 MR. WALPOLE: Yes.

21 THE CHAIRMAN: And if there is any other informa-
22 tion that you have which you think might be of interest to the
23 Enquiry, I am quite confident that they would appreciate having
24 it. Thank you very much. I think you have made a very major
25 contribution to the work of the Enquiry Committee.

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VERBATIM REPORTING
SERVICE
TORONTO, ONTARIO

186

1 MR. MULROONEY: I think the Enquiry might be
2 interested in knowing precisely the area that is covered by
3 Windsor Medical Services. Do you operate in Essex County?

4 MR. WALPOLE: Yes. The geographical area in
5 which we operate are the Counties of Essex and Kent in the
6 Province of Ontario, embracing some 347,000 people.

7 THE CHAIRMAN: Members of the Enquiry, just a
8 couple of brief items of business. We have had very fine
9 accommodation here in these council chambers. I think it might
10 be in order for a motion to be made formally that the Secretary
11 extend our thanks to the Mayor and the City Council.

12 DR. BUTT: I will so move.

13

14 ---Whereupon the hearing was adjourned at 3:50 p.m.

15

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MR. MULROONEY: I think the Auditor might be

interested in knowing precisely the rates that are covered by

Municipal Mediation Service. Do you operate in Essex County?

MR. WARPOLE: Yes. The mediation rates in

which we operate are the same throughout the Province and Kent in the

Province of Ontario, amounting some \$47,000 per year.

THE CHAIRMAN: Members of the Auditor, just a

couple of brief items of interest. We have had very little

accusation here in these court cases. I think if might

be in order for a motion to be made tomorrow after the Secretary

extends our thanks to the Mayor and the City Council.

DR. BUTT: I will do so now.

----Meeting hour for persisting was adjourned at 3:50 p.m.

